	CA	MPAIGN I	FINANCE REP	ORT			
Name:John DonchesAddress:559 Minor StCity, State, Zip:Emmaus PA 18049							
Candidate		X	Committee				
Type of Repo	ort	L	Election Date	Amend	led	Termination	
2017 – 30 Day Post Primary			05/16/2017	YES			
Termination	Report?						
Office Sough	t By Candidate	Party	County	y			
Lehigh Count	ty Commissione	r Dist #5	R	Lehigh		<u> </u>	
	Sumn	nary of Rec	ceipts & Expend	litures			
From:	05/02/2017		То:	06/09/2	017		
A. Amount B	rought Forwar	d From Las	st Report	L	-1,635.75		
B. Total Mon	etary Contribu	itions & Rec	ceipts (from Sche	dule I)	0.00		
C. Total Funds Available (Sum of Lines A & B)					-1,63	35.75	
D. Total Expenditures (from Schedule III)					5,500	0.00	
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		-7,13	25.75	
7. Value of In	-Kind Contrib	utions Rece	ived (from Sched	ule II)	0.00		
G. Unpaid De	bts & Obligati	ons (from S	chedule IV)	• • • • • • • • • • • • • • • • • • •	0.00		
E. Ending Ca F. Value of In	sh Balance (Su -Kind Contrib	btract Line utions Rece	D from Line C) ived (from Sched	ule II)	-7,13 0.00		

\*Complete reports including signatures are on file in the Office of Voter Registration.

PAGE 2 OF 12

**CONTRIBUTIONS AND RECEIPTS** 

**Detailed Summary Page** 

Reporting Period From 5/2/2017 To 6/9/2017 Name of Filing Committee or Candidate hn C Donches

TOTAL for the Reporting Period	(1)	\$	$\bigcirc$	
I. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTO	91	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ $\bigcirc$
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	s, etc	- Gale	NI ZARIPITE	
TOTAL for the Reporting Period	(4)		0	

	· · · · · · · · · · · · · · · · · · ·	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	0

PAGE <u>3</u> OF <u>12</u>

#### PART A

# **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting	Period	$\gamma$	то 6/9/2017
tohn C Done	5		From	YOYOU			
-				DATE	-		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	$\bigcirc$
Mailing Address		······································	MÖ.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	0
Full Name of Contributing Committee			MO.	DAY	YEA:	\$	0
Mailing Address			MO.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$	0
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	0
Mailing Address			MO.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	0
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	0
Mailing Address		dinerajusta distance a dine	MO.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	O
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	0
Mailing Address			MO.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$	D
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	0
Mailing Address			MO.	DAY	YEAR	\$	0
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	0
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	0
Mailing Address			MO.	DAY	YEAR	\$	D
City	State	Zip Code (Pius 4) -	MO.	DAY	YEAR	\$	Ũ
Full Name of Contributing Committee			MO,		TAKE AR	\$	0
Mailing Address			MO.	DAY	YEAR	\$	$\overline{\bigcirc}$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$	O
Enter Grand Total of Part A on Sche	dule l	, Detailed Summar	y Page	e, Sectio	on 2.	РАС \$	SE TOTAL

DSEB-502 (7-99)

PAGE 4 OF 12

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate		1	Rep	porting P	eriod	(a) $(a)$ $(a)$
	ncl	nes	F	rom J	HX	<u> 217 то 6/9/2017</u>
				DATE	- /0	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
<b></b>						3
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			1.00/ 11	\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)				*
City	State	Lip Code (Flus 4/	MO.	DAY	YEAR	\$
Full Name of Contributor	1		MO.	DAY	YEAR	
					16230	\$
Mailing Address			MO.	DAY	YEAR	æ
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	DAY		Ψ
Full Name of Contributor				UAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_		I		\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	×
					TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Addross						Ψ
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	······································
		_			A STATISTICS	\$
				ł		PAGE TOTAL
Enter Grand Total of Part B on Sche	dula I	Detailed Summer	V Paga (	Section	2	\$
Line Grand IVial VI Fait D VI Sche		, Deranen Summan	, i ayo, i	Jeouvi	<b>~</b>	•

DSEB-502 (7-99)

PAGE OF 12

## PART C CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			F	Reporting	Period	
sphin Donches					1460	17 706/9/2017
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		·······	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.		YEAR	\$
Full Name of Contributing Committee			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sche	dule i	, Detailed Summar	y Page	e, Sectio	on 3.	PAGE TOTAL

DSEB-502 (7-99)

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	F	PART D
All	OTHER	CONTRIBUTIONS

PAGE 6 OF 12

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C.)

-bhn CDoc	nches			Reporting From		217 To 6/9/201
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	·····		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
Employer Name			Occupati	on		\$
Employer Mailing Address/Principal P	lace of Business					
Full Name of Contributor						
Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City						3
,	State	Zip Code (Pius 4) -	MO.	DAY	YEAR	\$
Employer Name		<b> </b>	Occupatio	on		_ <b>⊅</b>
mployer Mailing Address/Principal Pl	ace of Business					<u></u>
Full Name of Contributor						
			MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	
Sity						\$
	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
mployer Name			Occupatio			Ψ
			occupatio			
mployer Mailing Address/Principal Pla	ace of Business					<u> </u>
ull Name of Contributor						
un Name of Contributor			MO.	DAY	YEAR	\$
lailing Address			MO.	DAY	YEAR	
ity						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
mployer Name						\$
			Occupation	n		
mployer Mailing Address/Principal Pla	ce of Business			<del></del>		
II Name of Contributor		·····	MQ.	DAY	YEAR	¢
ailing Address			MO.	- Bassa	Line a m	\$
			mo.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
nployer Name		عنه . مرجع المرجع ا				\$
			Occupation	1		
nployer Mailing Address/Principal Pla	ce of Business	·····	1			
nter Grand Total of Part I					·····	

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### PART E OTHER RECEIPTS

PAGE \_\_\_\_\_OF \_\_\_\_

### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period				
XDDD CJ	Tohn C. Denches			From 572/2017 To 6/9/2017			
					/0/0 /		
Full Name							
		······································					
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description					<u>.</u>		
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
Receipt Description					I	\$	
Full Name							
		·····					
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
						\$	
Receipt Description			·····	<b></b>			
Full Name							
Mailing Address							
0:							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
Receipt Description	l			L		\$	
Full Name							
Mailing Address							
<b>-</b>							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
Partial Design						\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zin Code (Diver 4)					
	31818	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description				L I		Ψ	
						PAGE TOTAL	
Enter Grand Total of Part E	on Schedule I, [	Detailed Summary	y Page,	Section	4.	\$	
SEB-502 (7-99)							

SCHEDULE II

# page <u>8</u> of <u>12</u> IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate **Reporting Period** From JD/2017 To 6/9/2017 ner

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00	OR L	ess per	CONTRIBUT	DR
TOTAL for the Reporting Period	(1)	\$	$\bigcirc$	

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period

(2) \$

\$

TOTAL for the Reporting Period	(3)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM P.	ART G	)	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS
<b>REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2,
and 3; also enter on Page 1, Report Cover Page, Item F.)

PAGE	9	OF	12
, AQL		- `` -	

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	1			g Period	
JOHN CD	onche	5	From	5721201	<u>7 то 69/2017</u>
			DATI		
Full Name of Contributor			MO. DAY	L MEAG	\$
Mailing Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	MO. DAY		·
City					\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:	l				
Full Name of Contribution					
Full Name of Contributor			MO. DAY	YEAR	5
Mailing Address	···· ··· ··· ··· ··· ··· ··· ··· ··· ·		MO. DAY	YEAR	
City		·····			5
	State	Zip Code (Plus 4)	MO. DAY	YEAR	5
Description of Contribution:	<u> </u>				-
Full Name of Contributor				······	
			MO. DAY	YEAR	5
Mailing Address			MO. DAY		
City	State			4	
	31818	Zip Code (Plus 4)	MO. DAY	YEAR	
Description of Contribution:	<u>1</u>			<u> </u>	
Full Name of Contributor			AD-AD-MINISTER AD-AD-AD-AD-AD-AD-AD-AD-AD-AD-AD-AD-AD-A		
			MO. DAY	YEAR S	
Mailing Address			MO. DAY	YEAR	
City	State	Zip Code (Plus 4)			
			MO. DAY	YEAR \$	
Description of Contribution:			··· I ········	<u></u>	
Full Name of Contributor			MO. DAY		
Mailing Address			MO. DAY	YEAR \$	
Walling Address			MO. DAY	YEAR \$	
City	State	Zip Code (Plus 4)	MO. DAY		
Description of Contribution:				\$	
Full Name of Contributor			MO. DAY	YEAR	
Mailing Address				\$	
			MO. DAY	YEAR \$	
City	State	Zip Code (Plus 4)	MOL	YEAR	
Description of Contribution:				\$	
Enter Grand Total of Part F on S Summary Page Section 2	Schedule II	In-Kind Country		PA	GE TOTAL
Summary Page, Section 2.		m-king Contribut	ions Detailed	\$	$\bigcirc$

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

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VALUE OVER \$250.00

Name of Filing Committee or Candidate			A	eporting	Period	
John CDonci	ho	4		From 🖉	12/201	17_ то <u>6/9/2017</u>
	10			DATE	1 10	AMOUNT
Full Name of Contributor		······································	MO,	DATE	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor		•	Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	L		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
	·					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		*******	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Employer of Contributor	L		Occupati	on	1	
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	NO.	DAY	YEAR	\$
Employer of Contributor	I		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
			1		-	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II	l, In-Kind Contrib	utions D	etailed		PAGE TOTAL

DSEB-502 (7-99)

PAGE \_/\_\_\_ OF \_2\_\_\_

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting	<u> </u>	
hhr Clorches	5			From	JZJZĆ	17 To 6/9/2017
To Whom Pair Donches 4 Com	mis	sioner	мо. 5	DAY 44	VEAR	Amount \$
Mailing Address 9 MINOF ST.			Descripti	on of Exp	onditure DA	()
Emmaus	State	Zip Code (Plus 4)	.66	ьDo	nche	HCommissioner
To Whom Phild Donches 4 Commi	551	Oper	MO.	DAY 8	YEAR DO(7	Amount 60
Mailing Address			Descripti	on of Exp	enditure)	AC
Emmaus	Ă	Zip Code (Plus 4) 1904 9-	tbhr	Dor	ches	HCommissioner
To Whom Paid			MO.	DAY		Amount <b>\$</b>
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) -				· · · · · · · · · · · · · · · · · · ·
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)	†			
To Whom Paid			MO.	DAY	YEAR	Amount S
Mailing Address		<u></u>	Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) -	1			
To Whom Paid			MO.	DAY	YEAR	Amount S
Mailing Address	····· .	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) 				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) -	1			
To Whom Paid	h		MO.	DAY	YE SR	Amount <b>\$</b>
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) 				
			•			PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1,	Report Cover P	age, ite	m D.		\$5500,00

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which are outstanding at Name of Filing Committee or Candidate			Reporting	Period	
John Clonches			From	172120	217 To 6/9/2017
Name of Creditor				ور المتفقية المتحدين	Outstanding Balance of De \$
Mailing Address	DATE DEBT	MQ.	DAY	YEAR	
City	INCURRED	State	Zip Code	e (Plus 4)	-
Description of Debt			-		
lame of Creditor		·····			Outstanding Balance of De
Aeiling Address		1100 V			Substanting Balance of De
	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	e (Plus 4) -	
Description of Debt	<b>A</b>		<u></u>		
lame of Creditor					Outstanding Balance of De
failing Address	DATE	MO.	DAY	YEAR	<u> </u> \$
ity	DEBT INCURRED	State	Zip Code	e (Plus 4)	
Description of Debt					
	-				
lame of Creditor					Outstanding Balance of De
Asiling Address	DATE DEBT	MO.	DAY	YEAR	
lity	INCURRED	State	Zip Code	e (Plus 4)	1
Description of Debt					
ame of Creditor					Outstanding Balance of De
Aailing Address	DATE	MO.	DAY	YEAR	<u>_</u>
ity	DEBT INCURRED	State		e (Plus 4)	1
				-	
escription of Debt					
ame of Creditor					Outstanding Balance of Del
lailing Address	DATE DEBT	MO.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
escription of Debt	<del></del>		<u> </u>		

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