

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

| | |
|--------------------------|---------------------------------|
| Name: | <i>JohnDonches4Commissioner</i> |
| Address: | <i>559 Minor St</i> |
| City, State, Zip: | <i>Emmaus PA 18049</i> |

| | | | |
|---|----------------------|------------------|--------------------|
| Candidate | | Committee | <i>X</i> |
| Type of Report | Election Date | Amended | Termination |
| 2017 – 30 Day Post - Primary | 05/16/2017 | | |
| Termination Report? | | | |
| Office Sought By Candidate | Party | County | |
| <i>Lehigh County Commissioner Dist #5</i> | <i>R</i> | <i>Lehigh</i> | |

Summary of Receipts & Expenditures

| | | | |
|---|-------------------|------------|--------------------|
| From: | <i>05/02/2017</i> | To: | <i>06/05/2017</i> |
| A. Amount Brought Forward From Last Report | | | <i>610.00</i> |
| B. Total Monetary Contributions & Receipts (from Schedule I) | | | <i>6,085.19</i> |
| C. Total Funds Available (Sum of Lines A & B) | | | <i>6,695.19</i> |
| D. Total Expenditures (from Schedule III) | | | <i>5,012.85</i> |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | <i>1,682.34</i> |
| F. Value of In-Kind Contributions Received (from Schedule II) | | | <i>0.00</i> |
| G. Unpaid Debts & Obligations (from Schedule IV) | | | <i>(-3,000.00)</i> |

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate John Donahay 4 Commissioners | Reporting Period From 5/2/2017 To 4/9/2017 |
|--|---|

| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
|--|-----|-----------------|
| | (1) | \$ 80.00 |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | |
|---|-----|------------------|
| Contributions Received from Political Committees (Part A) | | \$ 0 |
| All Other Contributions (Part B) | | \$ 550.00 |
| TOTAL for the Reporting Period | (2) | \$ 550.00 |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | |
|---|-----|-------------------|
| Contributions Received from Political Committees (Part C) | | \$ 2455.19 |
| All Other Contributions (Part D) | | \$ 3000.00 |
| TOTAL for the Reporting Period | (3) | \$ 5455.19 |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
|---|-----|-------------|
| | (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.) | \$ 6,085.19 |
|--|--------------------|

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 <i>John Douglas 4 Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i> |
|---|---|

| | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|------|-----|------|--------|
| | | | MO. | DAY | YEAR | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | \$ |
| | | - | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| |
|-------------|
| PAGE TOTAL |
| \$ <u>0</u> |

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 John Donches 4 Commissioner | Reporting Period From 5/2/2017 To 6/9/2017 |
|---|---|

| | | | | DATE | | | AMOUNT |
|-----------------------------------|-----|-----|-------------------|------|--|--|-----------|
| Full Name of Contributor | MO. | DAY | YEAR | | | | |
| John Mondin | 5 | 2 | 2017 | | | | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| 1646 Shimerville Rd. | | | | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| Emmatus | | | | | | | \$ |
| State | PA | | Zip Code (Plus 4) | | | | \$ |
| | | | 18049- | | | | \$ |
| Matay's American Pizza | 5 | 5 | 2017 | | | | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| 1303 Broadway (Rear) | | | | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| Bethlehem | | | | | | | \$ |
| State | PA | | Zip Code (Plus 4) | | | | \$ |
| | | | 18015- | | | | \$ |
| Matay's Famous Cheesesteaks | 5 | 5 | 2017 | | | | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| 1305 Broadway | | | | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| Bethlehem | | | | | | | \$ |
| State | PA | | Zip Code (Plus 4) | | | | \$ |
| | | | 18015- | | | | \$ |
| Cilento, Peter & Sholevar, Maryam | 5 | 11 | 2017 | | | | \$ 150.00 |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| 1104 S. Cedar Crest Blvd. St. 100 | | | | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| Allentown | | | | | | | \$ |
| State | PA | | Zip Code (Plus 4) | | | | \$ |
| | | | 18103- | | | | \$ |
| Business Solutions | 5 | 15 | 2017 | | | | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| 4351 Hillary Drive | | | | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| Emmatus | | | | | | | \$ |
| State | PA | | Zip Code (Plus 4) | | | | \$ |
| | | | 18049- | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | | | Zip Code (Plus 4) | | | | \$ |
| | | | - | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | | | Zip Code (Plus 4) | | | | \$ |
| | | | - | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | | | Zip Code (Plus 4) | | | | \$ |
| | | | - | | | | \$ |

PAGE TOTAL
\$ 550.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 John Donahoe 4 Commissioner | Reporting Period From 5/2/2017 To 4/9/2017 |
|---|---|

| Full Name of Contributing Committee | DATE | | | AMOUNT |
|--|------|-----|------|-------------|
| | MO. | DAY | YEAR | |
| Restored PA | 3 | 10 | 2017 | \$ 2,455.19 |
| Mailing Address E/O PO Box 4764 | MO. | DAY | YEAR | \$ |
| City Allentown State PA Zip Code (Plus 4) 18105 - 4764 | 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. | 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 | \$ |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|---------------------------------|
| PAGE TOTAL \$2,455.19 |
|---------------------------------|

**PART D
ALL OTHER CONTRIBUTIONS**

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.)

| | |
|---|---|
| Name of Filing Committee or Candidate <i>John Donahay 4 Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i> |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|--|---------------------------------|------------------------------------|-------------|--------------------|
| | MO. | DAY | YEAR | |
| <i>John Donahay</i> | <i>5</i> | <i>4</i> | <i>2017</i> | \$ 3,000.00 |
| Mailing Address <i>559 Minor St</i> | <i>MO.</i> | <i>DAY</i> | <i>YEAR</i> | \$ |
| City <i>Emmaus</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18049-</i> | | \$ |
| Employer Name <i>SEN</i> | Occupation <i>contractor</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>559 Minor St Emmaus, PA 18049</i> | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------------|-------------------------------|-------------|-----------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | <i>MO.</i> | <i>DAY</i> | <i>YEAR</i> | \$ |
| City | State | Zip Code (Plus 4) <i>-</i> | | \$ |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------------|-------------------------------|-------------|-----------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | <i>MO.</i> | <i>DAY</i> | <i>YEAR</i> | \$ |
| City | State | Zip Code (Plus 4) <i>-</i> | | \$ |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------------|-------------------------------|-------------|-----------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | <i>MO.</i> | <i>DAY</i> | <i>YEAR</i> | \$ |
| City | State | Zip Code (Plus 4) <i>-</i> | | \$ |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------------|-------------------------------|-------------|-----------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | <i>MO.</i> | <i>DAY</i> | <i>YEAR</i> | \$ |
| City | State | Zip Code (Plus 4) <i>-</i> | | \$ |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3000.00

PART E OTHER RECEIPTS

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 <i>John Donohue 4 Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i> |
|---|---|

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount |
| | | - | | | | \$ |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------|
| PAGE TOTAL |
| \$ <u>0</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 <i>John Donohue 4 Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i> |
|---|---|

| | | |
|--|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the Reporting Period | (1) | \$ |

| | | |
|---|-----|----|
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the Reporting Period | (2) | \$ |

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

| | |
|--|-------------|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i> | \$ <u>0</u> |
|--|-------------|

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | |
|---|---|
| Name of Filing Committee or Candidate John Donohue Jr. Commissioner | Reporting Period From 5/2/2017 To 4/9/2019 |
|---|---|

| | | | | DATE | | | AMOUNT |
|------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| Description of Contribution: | | | | | | | |

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

| |
|---------------------------|
| PAGE TOTAL \$ <u>0</u> |
|---------------------------|

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| | |
|---|---|
| Name of Filing Committee or Candidate <i>John Donohue 4 Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i> |
|---|---|

| | | | | DATE | | | AMOUNT |
|--|-------------------|-----|------|-----------------------------|--|--|--------|
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | Zip Code (Plus 4) | | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | Zip Code (Plus 4) | | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | Zip Code (Plus 4) | | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | Zip Code (Plus 4) | | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | MO. | DAY | YEAR | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | MO. | DAY | YEAR | | | | \$ |
| State | Zip Code (Plus 4) | | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|---|---|
| Name of Filing Committee or Candidate John Donches 4 Commissioner | Reporting Period From 5/2/2017 To 4/9/2017 |
|---|---|

| | | | | |
|---|---|-------------------------------------|---------------------|---------------------------|
| To Whom Paid County of Lehigh | MO. 5 | DAY 4 | YEAR 2017 | Amount \$ 15.00 |
| Mailing Address 19 S. 7th St | Description of Expenditure Notary | | | |
| City Allentown | State PA | Zip Code (Plus 4) 18101 - | | |

| | | | | |
|--|----------------------------|-------------------------------------|---------------------|--------------------------|
| To Whom Paid FedEx | MO. 5 | DAY 4 | YEAR 2017 | Amount \$ 5.52 |
| Mailing Address 942 South Shady Grove Rd | Description of Expenditure | | | |
| City Memphis | State TN | Zip Code (Plus 4) 38120 - | | |

| | | | | |
|--|---|-------------------------------------|---------------------|------------------------------|
| To Whom Paid Cold Spark | MO. 5 | DAY 8 | YEAR 2017 | Amount \$ 4,910.38 |
| Mailing Address 307 Fourth Ave, 14th Fl, | Description of Expenditure Mailers Printing | | | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 - | | |

| | | | | |
|--|--|-------------------------------------|---------------------|---------------------------|
| To Whom Paid Cold Spark | MO. 5 | DAY 18 | YEAR 2017 | Amount \$ 81.95 |
| Mailing Address 307 Fourth Ave 14th Fl | Description of Expenditure Autocalls | | | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 - | | |

| | | | | |
|-----------------|----------------------------|-------------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) - | | |

| | | | | |
|-----------------|----------------------------|-------------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) - | | |

| | | | | |
|-----------------|----------------------------|-------------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) - | | |

| | | | | |
|-----------------|----------------------------|-------------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) - | | |

| | |
|---|----------------------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | PAGE TOTAL \$ 5,012.85 |
|---|----------------------------------|

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|---|---|
| Name of Filing Committee or Candidate <i>John Donches & Commissioner</i> | Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i> |
|---|---|

| | | | | | | |
|---|--------------------|------------------------------------|-----------------|--|--|--|
| Name of Creditor <i>John Donches</i> | | | | Outstanding Balance of Debt \$ 3000.00 | | |
| Mailing Address <i>559 Minor St</i> | DATE DEBT INCURRED | MO. <i>5</i> | DAY <i>4</i> | YEAR <i>2017</i> | | |
| City <i>EMMAUS</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18049-</i> | | | | |
| Description of Debt <i>Loan to PAC</i> | | | | | | |

| | | | | | | |
|---------------------|--------------------|------------------------|-----|--|--|--|
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) - | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|--------------------|------------------------|-----|--|--|--|
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) - | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|--------------------|------------------------|-----|--|--|--|
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) - | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|--------------------|------------------------|-----|--|--|--|
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) - | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|--------------------|------------------------|-----|--|--|--|
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) - | | | | |
| Description of Debt | | | | | | |

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 3,000.00