Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2018	0259			Repo Filed		:	CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing C	committee, Candida	ate or Lo	obbyist:		DONA	HER	, D	EAN FRIE	NDS OF							
Street Address:	710 WEDGEW	OOD RE)													
City:	BETHLEHEM							State:	PA		Zip Code: 18017					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) da Rima		POST- 3.		AMENDMENT REPORT?		Yes	✓ N	D	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.) da Lect	Y F TION	POST- 6	j.	TERMIN REPORT		Yes	N	C	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2019					IG METHO			PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Candidat	te:						DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	Cour	
								мо	DAY	YEAR			DE	1	48	
								11	E ~	5 2019]	(SEE INS	TRUCTI	ONS FOR	CODES	;)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	from:		1 1	2	019	то		12	31	2019						
A. Amount Bro	ught Forward From	n Last Ro	eport				\$			97.72						
B. Total Moneta	ary Contributions /	And Rece	eipts (Fron	n Sche	dule I)		\$ 0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			97.72						
D. Total Expen	ditures (From Sche	edule III	[)				\$			97.72						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			0.00	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	_	\$			0.00	-					
G. Unpaid Debt	s And Obligations	(From S	chedule IV	/)			\$			0.00						
				AFF	IDAV	IT	SE	CTION								
	s a Committee repo		-						• •		-					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	s filed or	n pa	per (or by elect	ronic med	lium, are to	the best o	of my know	vledge	and bel	ief , tr	'ue
Sworn to and subs	cribed before me this day of	5	20							Signatur	e of Perso	n Submitt	ing Rej	port		_
	Signatu	re				_					Prin	ited Name				-
My Commission Ex	cpires										Ema	il				_
	мо	DA	Y	YR					Area	Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee,	Can	did	ate shall	sign her	e.						
I swear (or affirm) No 320) as amende	that to the best of m ed.	ıy knowle	dge and beli	ief this	politica	l co	mmi	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20							S	ignature	of Candida	ite			-
									Printe	ed Name				-		
My Commission Exp	Signature										Ema	il				-
	мо	DA	١Y	YR		_			Area Co	ode	D	aytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DONAHER, DEAN FRIENDS OF From: <u>1/1/2019</u> **To:** 12/31/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 Candidat	Name of Filing Committee or Candidate			porting l	Period			
Fr				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B 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 Candidat	e			orting P	eriod	_			
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00									

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Cand	lidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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		Report	ting Perio	od				
			From: To				:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section				\$		0.00

SCHEDULE II 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		
DONAHER, DEAN FRIENDS OF	From:	<u>1/1/2019</u> To:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
					From: To:					
					DATE AMO					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	ion				
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportin	ng Period			
DONAHER, DEAN FRIENDS OF	ONAHER, DEAN FRIENDS OF				<u>1/2019</u>	То:	<u>12/31/2019</u>
	DATE AMO						
To Whom Paid Dean Donaher				DAY	YEAR		
Mailing Address Wedgwood			12	6	2019	\$	97.72
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	PA	18017	Accepte campai	,	nent in Fu	ull for o	utstanding loan to
							PAGE TOTAL
Enter Grand Total of Expenditures o	inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	97.72