### **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	20103	370				port ed B		CA	NDII	DATE		COMN	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	bbyist:		COI	ММІТ	TEE	TO EL	.ECT	JIM M	1ART	IN						
Street Address:	645 H	IAMILTO	N STRE	ET,STE 2	04														
City:	ALLEN	NTOWN							State	e:	PA			Zip Cod	le: 18	101	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRII PRIMARY		-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRII ELECTIO		E-	5.	30 DA		Р	OST-	6. <b>X</b>		TERMINATION REPORT?		Yes	No	)	<b>\</b>
report type)	ANNUAL	REPORT	7.	Year 201	.4				NG ME CHEC					PAPER			DISKI	TTE	
Name of Office S	ought by	Candidat	e:						DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Code	Coun	
									МО		DAY	Y	EAR						
										11		4	2014		(SEE IN	STRUCT	IONS FOR	CODES	)
Summary of		and	МО	DAY	YEAF	R			МО		DAY	Y	EAR	FO	R OFFI	E USI	ONLY		
Expenditures	10 21 2014 <b>TO</b> 11 24 201								2014										
A. Amount Bro	nt Brought Forward From Last Report \$ 20,974.8							974.85											
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fro	m Sche	edule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 20,974.85																			
D. Total Expenditures (From Schedule III) \$ 282.00																			
E. Ending Cash	Balance (	Subtract	Line D	From Lin	e C)			\$				20,	592.85						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From	Schedu	ıle I	I)	\$					0.00						
G. Unpaid Debt	s And Obl	igations (	(From S	chedule	IV)			\$					0.00						
					AFF	FID	AVI	ΓSE	CTIC	N									
PART I - If this is		•	•	_							•								
I swear (or affirm) correct and comple		eport, inclu	uding the	attached	schedule	s file	ed on	paper	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20								;	Signature	of Perso	n Submitt	ing Re	port		_
		Signatur	Δ					-						Prin	ted Name	1			-
My Commission Ex	pires	o.g.i.aca.	_							•				Emai	i I				-
	Ī	мо	D/	ΛΥ	YR	l		_			Are	ea Co	de	Daytim	e Teleph	one N	ımber		
Part II- If this is	a report	of a cand	idate's	authorize	d Comr	nitte	ee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	dge and b	elief this	s poli	itical	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of J	ıne 3,1	.937 (P.I	L. 1333	3,
Sworn to and subsc		e me this											Si	ignature o	of Candida	ate			-
	day of —							-						Printe	d Name				-
	S	ignature						-		_									_
My Commission Exp		J								•				Ema	il				_
	_	мо	D	λΥ	YF	₹		•			Area	Code		Da	ytime T	elepho	ne Numl	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT JIM MARTIN	From:	10/21/20	<u>14</u> To:	11/24/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
			_	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Reporting				
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	)				

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

PAGE TOTAL
\$ 0.00

### 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 Cand	idate		Reporting Period					
			Fro	m:		To	):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

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

**PAGE TOTAL**\$ 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

### 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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	<b>GE TOTAL</b> 0.00

## 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Peri	od	
COMMITTEE TO ELECT JIM MARTIN	From:	<u>10/21/2014</u> <b>To:</b>	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			То:	
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
COMMITTEE TO ELECT JIM M	ARTIN		From	10/2	1/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid FRIENDS OF GARY DAY			мо	DAY	YEAR		
Mailing Address 5934 MEM	ORIAL ROAD		10	29	2014	\$	100.00
City GERMANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18053		otion of Exp			
To Whom Paid LAFAYETTE AMBASSADOR BAI	NK		МО	DAY	YEAR		
Mailing Address 2005 CITY LINE ROAD				31	2014	\$	2.00
City BETHLEHEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017	-	otion of Exp CHARGE	penditure		
To Whom Paid LEHIGH VALLEY YOUNG REPU	BLICANS		мо	DAY	YEAR		
Mailing Address PO BOX 43	42		11	3	2014	\$	100.00
City ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105		otion of Exp			
To Whom Paid ALLENTOWN MUSIC FESTIVAL			мо	DAY	YEAR		
Mailing Address 324 WALN	UT STREET		11	20	2014	\$	80.00
<b>City</b> ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18102	ı	otion of Exp AGE AD, 2 AM			BANDS
Enter Grand Total of Expen	ditures on Page 1. Re	port Cover Page, Item D		<u></u>			PAGE TOTAL

282.00