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 2010	370			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		COM	MIT	TEE	TO ELEC	Γ JIM N	1ART	IN						
Street Address:	645 HAMILTO	ON ST,S	ΓE 204														
City:	ALLENTOWN							State:	PA			Zip Cod	le: 18	3101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	-	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2015					NG METHO							DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	Y	EAR	- rumber	couc	<u> </u>		Couc	
								11		3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 15	2	015	T	0	10		19	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			121,	885.97						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule :	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			121,	885.97						
D. Total Expend	ditures (From Sch	edule II	I)				\$			8,	552.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$:	113,3	333.97						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)	ı			\$				0.00			1			
				AFF	'IDA'	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If this	s is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	edules	filed	on p	paper (or by elect	ronic m	edium	ı, are to t	he best o	f my kno	wledge	and belie	ef , true	Э,
Sworn to and subs	cribed before me thi day of	S	20							:	Signature	of Perso	n Submit	ting Rep	ort		•
	Signati	ıre					-					Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				•
	мо	D	AY	YR					Ar	ea Co	de	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comn	nittee	e, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	f this	politi	ical	comm	ittee has n	ot viola	ted ar	ny provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candid	ate			۱ ٔ
	day of						-					Printe	d Name				.
	Signature						•					Ew-					.
My Commission Exp	ires											Ema	"				
	МО	D	AY	YR			,		Area	Code		Da	ytime T	elephon	e Numbe	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT JIM MARTIN	From:	<u>9/15/201</u>	<u>5</u> To:	10/19/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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 Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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.)

			_	orting Pe				
			Fror	n:		To):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	d	
COMMITTEE TO ELECT JIM MARTIN	From:	9/15/2015 To:	10/19/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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		Reporting	g Period			
			From:			To:	
				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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	•				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	e		Reporti	ng Period			
COMMITTEE TO ELECT JIM MARTIN			From	<u>9/1</u>	<u>5/2015</u>	То:	10/19/2015
				DATE			AMOUNT
To Whom Paid GOOD SHEPHERD REHAB HOSPITAL			мо	DAY	YEAR		
Mailing Address 850 S 5TH ST			9	18	2015	\$	500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103		otion of Exp			
To Whom Paid LAFAYETTE AMBASSADOR BANK			МО	DAY	YEAR		
Mailing Address 2005 CITY LINE RD)		9	30	2015	\$	2.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18101		otion of Exp CHARGE	penditure		
To Whom Paid DENNY O'BRIEN FOR PHILADELPHIA			мо	DAY	YEAR		
Mailing Address PO BOX 30202			9	30	2015	\$ \$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		otion of Exp IBUTION	penditure		
To Whom Paid OFFICER DAVID M PETZOLD MEMORIA	AL FOUNDATION	N	мо	DAY	YEAR		
Mailing Address PO BOX 223			9	30	2015	\$	500.00
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034		otion of Exp			
To Whom Paid MIKE GEORGE FOR SUPREME COURT			МО	DAY	YEAR		
Mailing Address PO BOX 295	iling Address PO BOX 295			30	2015	\$	1,500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		otion of Exp	enditure		

							PAGE 12
To Whom Paid LEHIGH COUNTY REPUBLICATION COMMITTEE				DAY	YEAR		
Mailing Address 1544 HAMILTON ST STE 202			9	30	2015	\$	1,500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure CONTRIBUTION				
To Whom Paid ROGER MACLEAN FOR CITY COUNCIL			МО	DAY	YEAR		
Mailing Address 145 SPRINGHOUSE RD			9	30	2015	\$	1,500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	Description of Expenditure CONTRIBUTION				
To Whom Paid CITIZENS FOR JOE HANNA			МО	DAY	YEAR		
Mailing Address 645 HAMILTON ST STE 204			9	30	2015	\$	1,500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101	Description of Expenditure CONTRIBUTION				
To Whom Paid PENNSYLVANIA SOCIETY			мо	DAY	YEAR		
Mailing Address 808 BETHLEHEM PIKE STE ONE			10	6	2015	\$	800.00
City ERDENHEIM	State PA	Zip Code (Plus 4) 19038	Description of Expenditure ANNUAL DINNER NYC DEC 2015				
To Whom Paid LEHIGH COUNTY DEMOCRATIC COMMITTEE			МО	DAY	YEAR		
Mailing Address PO BOX 3142			10	6	2015	\$	500.00
City WESCOSVILLE	State PA	Zip Code (Plus 4) 18106	Description of Expenditure CONTRIBUTION				
Enter Grand Total of Expend	litures on Page 1 De	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expend	inui es on raye 1, Re	poit cover raye, Itelli D	•			\$	8,552.00