

Campaign Finance Report

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

Filer Identification Number :		2010370		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT JIM MARTIN												
Street Address: 645 HAMILTON ST,STE 204												
City: ALLENTOWN						State: PA			Zip Code: 18101			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	8	2016				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	8	2016		4	11	2016				
A. Amount Brought Forward From Last Report						\$ 104,564.77						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 104,564.77						
D. Total Expenditures (From Schedule III)						\$ 4,682.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 99,882.77						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT JIM MARTIN	From: <u>3/8/2016</u> To: <u>4/11/2016</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

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

PAGE TOTAL
\$ 0.00

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	Reporting Period From: To:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL	
\$	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	
COMMITTEE TO ELECT JIM MARTIN		From: <u>3/8/2016</u> To: <u>4/11/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
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
							\$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT JIM MARTIN	From <u>3/8/2016</u> To: <u>4/11/2016</u>

DATE				AMOUNT		
To Whom Paid JAMES B MARTIN			MO	DAY	YEAR	\$ 250.00
Mailing Address 3845 HAWTHORNE DR			3	14	2016	
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure REIMBURSEMENT OF PLEDGE TO MARY'S SHELTER			
To Whom Paid ALLENTOWN CENTRAL CATHOLIC			MO	DAY	YEAR	\$ 100.00
Mailing Address 301 N 4TH ST			3	14	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure VIKING FEST TICKET			
To Whom Paid MORGANELLI PAC PA			MO	DAY	YEAR	\$ 250.00
Mailing Address 835 BARNSDALE RD			3	14	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid SYRIAN ARAB AMERICAN CHARITY ASSOCIATION			MO	DAY	YEAR	\$ 220.00
Mailing Address 606 NORTH SECOND ST			3	23	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure TICKETS/ PROGRAM AD			
To Whom Paid MINSI TRAILS COUNCIL, BOY SCOUTS OF AMERICA			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 20624			3	23	2016	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure 2016 LEADERSHIP DINNER			

To Whom Paid COMMUNITY SERVICE FOR CHILDREN			MO	DAY	YEAR	
Mailing Address 1520 HANOVER AVE			3	23	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18109	Description of Expenditure INEZ & EDWARD DONLEY AWARD/CHILDREN'S ADVOCACY			

To Whom Paid VALLEY YOUTH HOUSE			MO	DAY	YEAR	
Mailing Address 829 W LINDEN ST.			4	1	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101	Description of Expenditure SPONSOR FUND-RAISER GOLF TOURNAMENT 5/23/16			

To Whom Paid TURNING POINT OF LEHIGH VALLEY			MO	DAY	YEAR	
Mailing Address 444 E SUSQUEHANNA ST			4	1	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	Description of Expenditure FUND-RAISER 5/5/16			

To Whom Paid DESALES UNIVERSITY			MO	DAY	YEAR	
Mailing Address 2755 STATION AVE			4	1	2016	
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure SPONSORSHIP ANNUAL GOLF TOURNAMENT			

To Whom Paid LAFAYETTE AMBASSADOR BANK			MO	DAY	YEAR	
Mailing Address 2005 CITY LINE RD			3	31	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure BANK CHARGE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,682.00

