Campaign Finance Report

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

Filer Identificat Number :	ion 2010	370			Repo Filed		:	CANDI	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or Lo	obbyist:			-		I FO ELEC	M MIC T	1ART	L IN						
Street Address:	645 HAMILTO	N ST,ST	E 204														
City:	ALLENTOWN							State:	PA			Zip Coo	le: 18	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST- 3.			AMENDM REPORT	Yes	N	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION					0 DAY POST- 6. LECTION				TERMINATION Ye REPORT?			N	0	$\mathbf{>}$
report type)	ANNUAL REPORT	7. X	Year 2016					IG METHO CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:						DATE O	FELE	СТІС	N	District Number	Office Code	Par	ty Cod	e Cou	
								мо	DAY	YI	AR		10000			1001	-
								11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	Y	EAR	FO	R OFFIC	e use	ONLY	'	
Expenditures	s from:	1	11 29	2	016	то)	12		31	2016						
A. Amount Bro	ught Forward From	n Last R	eport				\$			86,7	788.99						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$			-	250.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			87,0)38.99						
D. Total Expen	ditures (From Sch	edule II	I)				\$			3,1	.60.01]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			83,8	78.98						
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$				0.00						
				AFF	IDAV	ΊT	SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a	Can	didate re	eport, d	andi	date sig	yn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	n pa	per o	or by elect	ronic m	edium	, are to t	the best o	f my know	/ledge	and be	lief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							S	ignature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				_
My Commission E	-											Ema	il				_
	мо	D/	AY	YR					Are	ea Coo	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	s politica	al co	ommi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subse	cribed before me this day of		20								S	ignature o	of Candida	te			-
												Printe	d Name				-
My Commission Exp	Signature											Ema	il				_
																	_
	МО	D	AY	YR	Ł				Area	Code		Da	aytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

/2016
/2016
0.00
0.00
0.00
0.00
0.00
0.00
0.00
50.00

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					Reporting Period						
			Fro	om:		То	:				
					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					
From: To):			
					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 Can	Reporting Period							
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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 Ca	Reporting Period							
COMMITTEE TO ELECT JIM MARTIN			From:	<u>11/29/2016</u> T			: <u>12/31/2016</u>	
				D	ATE			AMOUNT
Full Name								
MUHLENBERG COLLEGE REPU	BLICANS			мо	DAY	YEAR		
Mailing Address 2400 CHEW ST							\$	100.00
City ALLENTOWN	State	Zip Code (F	Zip Code (Plus 4)		31	2016	5	
	PA	18104	18104					
Receipt Description RETUR Full Name KELLY ROONEY MEMORIAL FO	RNED CHECK ORIGINAL	LY DATED 4/29/15		мо	DAY	YEAR		
Mailing Address 3897 FIREE	BRICK RD						\$	150.00
City MACUNGIE	State	Zip Code (F	Plus 4)	12	31	2016	5	
	PA	18062						
Receipt Description RETUR	NED CHECK ORIGINAL	LY DATED 6/3/16						
			-	_]		PAGE TOTAL
inter Grand Total of Part E on	Cohodulo T Dobailos							

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:	<u>11/29/2016</u> то:	<u>12/31/2016</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	「 F)		
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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting 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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL			
					4	6	0.00			

0.00

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

Name of Filing Committee or Candidate					Reporting Period						
					Fro	m:		То:			
							DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupat	l tion		<u> </u>		
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Tatal of Dart	C on Schodula II		Contribut							PAGE TOTAL	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate COMMITTEE TO ELECT JIM MARTIN			Reporting Period					
			From	<u>11/29</u>	<u>9/2016</u>	То:	<u>12/31/2016</u>	
				DATE			AMOUNT	
To Whom Paid JAMES B MARTIN			мо	DAY	YEAR			
Mailing Address 3845 HAWTHORNE DR			10	3	2016	\$	165.00	
City CENTER VALLEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure	I		
	РА	18034	REIMBURSE CONTRIBUTION BIG BROTHERS/BIG SISTER GOLF					
To Whom Paid MOUNTAINVILLE #30 CRIME WATCH			мо	DAY	YEAR			
Mailing Address 119 W WABASH ST			10	3	2016	\$	25.00	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	Description of Expenditure					
To Whom Paid DAVID M PETZOLD MEMORIAL FOUNDATION			мо	DAY	YEAR			
Mailing Address PO BOX 223			11	3	2016	\$	500.00	
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure GOLD SPONSORSHIP BEYOND THE BADGE GALA					
To Whom Paid FRIENDS OF BOB DONCHEZ			мо	DAY	YEAR			
Mailing Address 377 DEVONSHIRE DRIVE			11	3	2016	\$	500.00	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure CONTRIBUTION					
To Whom Paid LEHIGH VALLEY YOUNG REPUBLICANS			мо	DAY	YEAR			
Mailing Address 1544 W HAMILTON ST			11	29	2016	\$	250.00	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure SPONSOR 3RD ANNUAL WINTER CLASSIC COCKTAIL PARTY					

To Whom Paid MIRACLE LEAGUE OF THE LEHIGH VALLEY				DAY	YEAR			
Mailing Address 4460 PARK VIEW DR APT T-8			11	29	2016	\$	300.00	
City SCHNECKSVILLE	State	State Zip Code (Plus 4)			l Denditure			
SCHNECKSVILLE	PA	18078	Description of Expenditure ATTEND GALA 12/8/16					
				1	1	I		
To Whom Paid PA BAR-PAC			мо	DAY	YEAR			
Mailing Address PO BOX 186			11	29	2016	\$	100.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrit	L Dtion of Exp	l Denditure			
HARRISDORG	PA	17108	CONTR		O BAR A	ASSOCIATION POLITICAL		
To Whom Paid JAMES B MARTIN			мо	DAY	YEAR			
Mailing Address 3845 HAWTHORNE DR			12	13	2016	\$	966.16	
City CENTER VALLEY	State	Zip Code (Plus 4)	Descrit	i otion of Exp) Denditure			
	PA	18034	REIMBURSEMENT PA SOCIETY PENN'S CLUB &am					
To Whom Paid JAMES B MARTIN			мо	DAY	YEAR			
Mailing Address 3845 HAWTHORNE DR			12	28	2016	\$	342.00	
City CENTER VALLEY	State	Zip Code (Plus 4)	Descrit	L Dtion of Exp) Denditure	I		
	PA	18034	REIMBURSE POLITICAL LUNCHEON AT LEHIGH COUNTRY CLUB 12/22					
To Whom Paid BUCKNO LISICKY & amp; COMPANY			мо	DAY	YEAR			
Mailing Address 645 HAMILTON ST STE 204			12	30	2016	\$	3.85	
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18101	POSTA					
To Whom Paid LAFAYETTE AMBASSADOR BANK			мо	DAY	YEAR			
Mailing Address 2005 CITY LINE RD			12	30	2016	\$	8.00	
City BETHLEHEM	State	Zip Code (Plus 4)	Descrip	L otion of Exe	l Denditure	I		
	PA	18017	Description of Expenditure BANK FEES					
			1			P	AGE TOTAL	
Enter Grand Total of Expenditu	ires on Page 1, Re	port Cover Page, Item D	-			\$	3,160.01	