#### **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 :	Filer Identification 2010370 Number :					port ed B		CANDI	IDATE COMM			4ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		MAF	RTIN	, JIM	сом то	ELECT								
Street Address:	645 HAMILTO	N STRE	ET STE 204														
City:	ALLENTOWN							State:	PA			<b>Zip Code:</b> 18101					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	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	<u>-</u>	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2017					IG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY	YE	AR	REP			'	39	
								11		7	2017	(SEE INSTRUCTIONS FOR CODES)					
	Receipts and	МО	DAY	YEAR	}			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 28	2	017	<b>T</b>	0	12		31	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			66,0	51.23						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			66,0	51.23						
D. Total Expenditures (From Schedule III) \$ 2,1						17.31											
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			63,9	33.92						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	١			\$				0.00						
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	ididate re	eport, o	andi	late sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sch	edules	s file	ed on p	paper (	or by elect	ronic m	edium	are to t	he best o	f my kno	wledge a	and belie	f , tru	e,
Sworn to and subs	cribed before me thi day of	S	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ire					-					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				-
	МО	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	nber		
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitte	ee, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
my commission exp	<u>.</u>						•										
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MARTIN, JIM COM TO ELECT	From:	11/28/201	<u>7</u> To:	12/31/2017
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting				
			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 Filing Committee or Candida	ite		Rep	oorting P	eriod			
			From: To:					
					DATE			AMOUNT
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.)

			Rep	orting Pe	riod				
			Fror	n:		1	Го:		
				D	ATE			AMOUN	IT
				МО	DAY	YEAR	2		
								\$	0.00
State	Zip (	Code (Plus	5 4)						
				Occupa	tion				
e of		City			State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From:  MO  State Zip Code (Plus 4)  Occupation	State Zip Code (Plus 4)  Occupation  October State	State Zip Code (Plus 4)  Occupation  City  State	State Zip Code (Plus 4)  Occupation  Occupation  City State Zip  Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Occupation  Occupation  Occupation  PAGE 1

## 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	E 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 Per	iod	
MARTIN, JIM COM TO ELECT	From:	11/28/2017 <b>To:</b>	12/31/2017
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	date		Reporti	ng Period				
MARTIN, JIM COM TO ELECT			From	11/28	8/2017	То:	12/31/2017	
				DATE			AMOUNT	
<b>To Whom Paid</b> Lehigh Valley Young Republicans			мо	DAY	YEAR			
Mailing Address PO Box 4342			11	28	2017	\$	250.00	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105	Bronze	Description of Expenditure  Bronze Sponsor Annual Winter Cocktail Pa 12/16/17				
<b>To Whom Paid</b> Troopers Helping Troopers Founda	tion		МО	DAY	YEAR			
Mailing Address 3265 Vartan W	ау		11	28	2017	\$	100.00	
City Harrisburg State Zip Code (Plus 4) PA 17110				Description of Expenditure  Contribution in honor of Cpl Seth Kelly				
<b>To Whom Paid</b> James B Martin	•	•	мо	DAY	YEAR			
Mailing Address 3845 Hawthorn	e Dr		12	5	2017	\$	1,084.00	
City Center Valley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18034	Reimbu	otion of Exp ursement P 12/1 & 12	enn Club		g for PA Society	
<b>To Whom Paid</b> Friends of Tom Creighton			мо	DAY	YEAR			
Mailing Address 2472 Apple Rd			12	5	2017	\$	75.00	
<b>City</b> Fogelsville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18051	<b>Descrip</b> Contrib	otion of Expoution	penditure			
<b>To Whom Paid</b> Minsi Trails Council			МО	DAY	YEAR			
Mailing Address 991 Postal Rd	Mailing Address 991 Postal Rd			19	2017	\$	250.00	
<b>City</b> Allentown	lentown State Zip Code (Plus 4) PA 18109				penditure perica Cop			

						F	AGE 12	
<b>To Whom Paid</b> Lehigh County Historical Socie	ty		мо	DAY	YEAR			
Mailing Address 432 W Wal	nut St		12	19	2017	\$	50.00	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105	Description of Expenditure Contribution					
<b>To Whom Paid</b> Allentown School District Foun	dation		МО	DAY	YEAR			
Mailing Address 31 S Penn	St		12	19	2017	\$	50.00	
City Allentown PA Zip Code (Plus 4) 18105				otion of Exp oution	penditure			
<b>To Whom Paid</b> Leader Lehigh Valley			МО	DAY	YEAR			
Mailing Address PO Box 877	77		12	19	2017	\$	250.00	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105	1	otion of Exp on to Leade			ogram	
<b>To Whom Paid</b> Lafayette Ambassador Bank	·		МО	DAY	YEAR			
Mailing Address 2005 City L	ine Rd		12	29	2017	\$	4.00	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017	1	ntion of Exp harge Nov				
<b>To Whom Paid</b> Buckno Lisicky & Company	·		МО	DAY	YEAR			
Mailing Address 645 Hamilt	on St Ste 204		12	29	2017	\$	4.31	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	1	otion of Exp ursement fo				
Enter Grand Total of Expen	ditures on Page 1 Pa	enort Cover Page Item D					PAGE TOTAL	
Lines Grand Total of Expen	aitares on Faye 1, Re	.port cover rage, Item D	•			\$	2,117.31	