LOBBYIST

COMMITTEE 🗸

Campaign Finance Report

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

Report

CANDIDATE

Filer Identificati Number :	on 2010	370			Repo Filed			CAN	DII	DATE		COMM	1ITTEE	✓	LOB	BYIS	ST	
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	1	MART	ΓIN	, JIM	сом т	ГО	ELECT	-			·			,	
Street Address:	645 HAMILTO	N STRE	ET STE 204	4														
City:	ALLENTOWN							State:		PA			Zip Cod	le: 18	101	_		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.		30 DA		Р	OST-	3. X		AMENDMENT REPORT?		Yes		No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2018					IG MET CHECK					PAPER		\	DI	SKETTE	
Name of Office S	ought by Candidat	te:			•			DATE	0	F ELE	CTIC	N	District Number	Office Code	Pa	rty C	ode Cou	
								МО		DAY	YI	AR						
				_				:	11		6	2018		(SEE INS	TRUCT	ONS	FOR CODE	S)
	Receipts and	МО	DAY	YEAR				МО		DAY	ΥI	EAR	FO	R OFFIC	E USI	ON	LY	
Expenditures	rrom:		5 1	20	018	T	0		6		4	2018						
A. Amount Bro	ught Forward Fron	1 Last R	eport				\$				57,0	073.66						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	1 Sched	dule 1	[)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 57,073.6								073.66										
D. Total Expenditures (From Schedule III) \$										1,8	327.00							
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				55,2	46.66						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	()			\$					0.00		,				
				AFF]	IDA۱	VΙ	ΓSE	CTIO	N									
	a Committee report, incl	•	-											f mv knov	vledae	and	belief . 1	true
correct and comple	ete.	_				۰ ر		J. 2, C.				,		,				
Sworn to and subs	cribed before me this day of —		20								9	ignature	of Perso	n Submitt	ing Re	port		
	Signatu	re					-		•				Prin	ted Name				
My Commission Ex	·						-						Ema					
	МО	D/		YR							ea Cod	le	Daytim	e Teleph	one N	ımbe	r	=
	a report of a cand																	
No 320) as amende		iy knowle	edge and beli	ief this	politic	cai	comm	ittee ha	s no	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	.937	(P.L. 13	33,
Sworn to and subsc	ribed before me this day of		20									s	ignature o	of Candida	ite			
·							•						Printe	d Name				_
My Commission Exp	Signature ires						•		-				Ema	il				-
	МО	D/	AY	YR						Area	Code		Da	aytime Te	elepho	ne Ni	umber	- $ $

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	Period		
MARTIN, JIM COM TO ELECT	From:	5/1/201	<u>8</u> To:	6/4/2018
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	ittee or Candidate		Re	porting	Period			
			From: To				То:	
		1			DATE			AMOUNT
Full Name of Contributi	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	1)					
	•	•	•		•			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 Candi	date			Rep	orting P	eriod			
			From: To			o:			
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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	ame of Filing Committee or Candidate		Reporting	Period					
	From:					То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Candida	me of Filing Committee or Candidate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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		
MARTIN, JIM COM TO ELECT	From:	<u>5/1/2018</u> To:	6/4/2018
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

lame of Filing Committee or Candidate				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 Candida	te				Re	porting	Period				
					Fro	m:		То	То:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportir	ng Period				
MARTIN, JIM COM TO ELECT			From	<u>5/:</u>	1/2018	То:	6/4/2018	
		•		DATE			AMOUNT	
To Whom Paid Emmaus Field Hockey Booste	er Club		МО	DAY	YEAR			
Mailing Address 6649 Sun	ningham Lane		5	15	2018	\$ \$	100.00	
City Macungie	State PA	Zip Code (Plus 4) 18063	Hole Sp	Description of Expenditure Hole Sponsorship 2018 Lady Hornets Golf Tournament				
To Whom Paid DeSales University			мо	DAY	YEAR			
Mailing Address 2755 Stat	ion Ave		5	15	2018	\$	1,600.00	
City Center Valley State PA Zip Code (Plus 4) 18034				otion of Exp ournament				
To Whom Paid Allentown Flag Day Association	on		МО	DAY	YEAR			
Mailing Address 2814 Wall	bert Ave		6	4	2018	\$	25.00	
City Allentown	State PA	Zip Code (Plus 4) 18104		otion of Exp orship Annu				
To Whom Paid St George Orthodox Church		•	мо	DAY	YEAR			
Mailing Address 1101 Cata	asauqua Ave		6	4	2018	\$	100.00	
City Allentown	State PA	Zip Code (Plus 4) 18102		otion of Exp				
To Whom Paid Lafayette Ambassador Bank			мо	DAY	YEAR			
Mailing Address 2005 City	Line Rd		5	31	2018	\$ \$	2.00	
City Bethlehem	State PA	Zip Code (Plus 4) Description of Bank Charge						
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item I).			\$	PAGE TOTAL 1,827.00	