#### **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 201	0370				port ed B		CANDI	DATE		СОМ	1ITTEE	✓	LOBE	SYIST			
Name of Filing C	ommittee, Candi	date or L	obbyist:		MAF	RTIN	, JIM	сом то	ELECT	-								
Street Address:	645 HAMILTO	ON STRE	ET STE 204															
City:	ALLENTOWN							State:	PA			Zip Cod	<b>ie:</b> 18	3101				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.			AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<b>!</b> -	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	<b>\</b>		
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2019					IG METHO				PAPER		<b>/</b>	DISKE	TTE		
Name of Office S	ought by Candida	ate:	-					DATE 0	F ELE	CTIO	N	District Number						
								МО	DAY	YE	AR	rumber	Number   Code   Code   REP 39					
								11		5	2019	(SEE INSTRUCTIONS FOR COD						
	Receipts and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		11 26	2	019	T	0	12		31	2019							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			117,3	69.17							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				25.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			117,3	394.17							
D. Total Expend	ditures (From Scl	nedule II	I)				\$			1,5	1,514.71							
E. Ending Cash	Balance (Subtra	t Line D	From Line C	<b>C)</b>			\$			115,8	79.46							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$				0.00			1				
				AFF	IDA	AVI	ΓSE	CTION										
PART I - If this is	s a Committee re	ort, trea	surer sign h	nere.	If th	nis is	a Can	ididate re	eport, c	andi	late sig	ın here.						
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	e 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 , true		
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort			
	Signat	ure					-					Prin	ted Name	e				
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	ee, Ca	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		my knowl	edge and belie	ef this	poli	itical	commi	ittee has n	ot viola	ted an	ed any provisions of the act of June 3,1937 (P.L. 1333,							
Sworn to and subsc		i									Si	ignature o	of Candid	ate				
	day of						-					Printe	d Name					
My Commission 5	Signature						-					Ema	il					
My Commission Exp																		
	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	TIN, JIM COM TO ELECT From: 11/20						
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	J Period	(4)	\$	25.00			
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			\$	25.00			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

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 Filling 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.)

Name of Filing Committee or Ca	ame of Filing Committee or Candidate			Reporting Period						
				Fron	n:		То:			
					D	ATE		AM	10UNT	
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/Princ Business	cipal Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>/</i>	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	Reporting Pe	Period				
MARTIN, JIM COM TO ELECT	From:	<u>11/26/2019</u> <b>To:</b>	12/31/2019			

			D	ATE		AMOUNT
Full Name  West Side Republican Club			МО	DAY	YEAR	
Mailing Address 1207 West Broad St				10	2010	\$ 25.00
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	12	18	2019	
Receipt Description Stale C	heck from 11/5/18, ne	ever cashed				

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

**PAGE TOTAL \$** 25.00

#### **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:	<u>11/26/2019</u> <b>To:</b>	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (	Contributions De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportii	ng Period			
MARTIN, JIM COM TO ELECT			From		<u>6/2019</u>	То:	12/31/2019
		L		DATE			AMOUNT
<b>To Whom Paid</b> Citizens For MacKenzie			МО	DAY	YEAR		
Mailing Address 3620 Lincoln	n Ave		11	26	2019	\$	100.00
<b>City</b> Allentown	State Zip Code (Plus 4) PA 18103				p <b>enditure</b> iser		
<b>To Whom Paid</b> Friends of Gary Day							
Mailing Address 5058 Shawn	11	26	2019	\$	100.00		
City Schnecksville State Zip Code (Plus 4) PA 18078				otion of Exp	penditure		
<b>To Whom Paid</b> Lehigh Valley Young Republican	is	·	мо	DAY	YEAR		
Mailing Address PO Box 4342	2		11	26	2019	\$ \$	100.00
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105		otion of Exp			
<b>To Whom Paid</b> Allentown School District Found	lation		МО	DAY	YEAR		
Mailing Address 31 S Penn S	t		11	26	2019	\$	100.00
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105		otion of Exp	penditure		
<b>To Whom Paid</b> PABAR-PAC			МО	DAY	YEAR		
Mailing Address 100 South S	it		11	26	2019	\$	100.00
	lou-u-	The Code (Disc 4)	+	l		l	

Zip Code (Plus 4)

17108

**Description of Expenditure** 

Donation Support PAC PA Bar Association

State

PΑ

City

Harrisburg

							TAGE 12
<b>To Whom Paid</b> James B Martin			мо	DAY	YEAR		
Mailing Address 3845 Hawthorne Dr			12	18	2019	\$	1,005.00
City Center Valley	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18034	Reimbursement Hotel & Parking to attend The Pennsylvania Society 12/6-12/7/19				
<b>To Whom Paid</b> Buckno Lisicky & Company			МО	DAY	YEAR		
Mailing Address 645 Hamilton St S	te 204		12	27	2019	\$	5.71
<b>City</b> Allentown	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18101	Reimbursement Postage for 2019				
<b>To Whom Paid</b> Fulton Bank			МО	DAY	YEAR		
Mailing Address 2005 City Line Rd			12	31	2019	\$	2.00
City Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18017	Service Charge December 2019				
<b>To Whom Paid</b> Fulton Bank		•	МО	DAY	YEAR		
Mailing Address 2005 City Line Rd			11	29	2019	\$	2.00
City Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure				
Securion	PA	18017	Service Charge November 2019				
	_		I				PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, R	eport Cover Page, Item D	•			\$	1,514.71