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 2010	370			Rep File			CAND	DATE		СОМ	1ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		MAR	TIN	, JIM	сом то	ELECT	-								
Street Address:	645 HAMILTO	N STRE	ET STE 204															
City:	ty: ALLENTOWN							State:	PA			Zip Code: 18101						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT?		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	Ē	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2022					NG METH CHECK O				PAPER	PAPER DISKETTE					
Name of Office S	Sought by Candida	te:	•		•			DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	YI	AR	Number	code	REP		39		
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		5 3	2	022	Т	0	6	5	6	2022							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	•		92,9	907.15							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			92,9	907.15							
D. Total Expenditures (From Schedule III)							\$			4,3	342.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			88,5	65.15							
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	VI	T SE	CTION									I	
	a Committee rep	-	_						-		_							
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sch	nedule	s filed	l on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true		
Sworn to and subs	cribed before me this	:	20							5	ignature	of Perso	n Submit	ting Rep	ort			
	- ——		_				-					Prin	ted Name	e				
My Commission Ex	Signatu pires	re										Ema	il					
	МО	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Teleph	none Nui	nber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							Ī	
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	not viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	1333,	l	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate				
	day of		_ 20				_					Printo	d Name					
	Signature						-											
My Commission Exp	-											Ema	il		_			
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MARTIN, JIM COM TO ELECT	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	(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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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)	١					

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 Candidate			Rep	orting Pe	riod				
			Fron	n:		To) :		
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE 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		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	GE 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 Period		
MARTIN, JIM COM TO ELECT	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
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

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				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 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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
MARTIN, JIM COM TO ELECT	From	5/3/2022	То:	6/6/2022

				DATE	AMOUNT		
To Whom Paid Allentown Flag Day Association			мо	DAY	YEAR		
Mailing Address 1501 Wethersfield [Prive		5	16	2022	\$	100.00
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Sponsor Flag Day Program				
To Whom Paid Casey Doolin Foundation			МО	DAY	YEAR		
Mailing Address 5724 Ricky Ridge Trail			5	16	2022	\$	100.00
City Orefield	State PA	Zip Code (Plus 4) 18069	Description of Expenditure Sponsor Golf Tournament				
To Whom Paid Bloom For Women			мо	DAY	YEAR		
Mailing Address 1425 Mountain Driv	e North		5	16	2022	\$	100.00
City Bethlehem	State PA	Zip Code (Plus 4) 18015	Description of Expenditure Sponsor Golf Tournament				
To Whom Paid Lehigh County Republican Committee			МО	DAY	YEAR		
Mailing Address 121 N Cedar Crest Blvd			5	16	2022	\$	540.00
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Sponsor Golf Tournament				
To Whom Paid DeSales University			МО	DAY	YEAR		
Mailing Address 2755 Station Ave			5	25	2022	\$	3,500.00
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Sponsor Golf Tournament				

To Whom Paid Fulton Bank		DAY	YEAR		
Mailing Address 2005 City Line Rd	5	31	2022	\$	2.00
City Bethlehem State Zip Code (Plus 4) Des	Description of Expenditure Bank Charge May 2022				
PA 18017 Ban					
					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				\$	4,342.00