

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>		<i>Friends of Bob Martin</i>		
<b>Address:</b>		<i>1833 Kay Dr</i>		
<b>City, State, Zip:</b>		<i>Allentown PA 18106</i>		
Report Filed By				
<b>Candidate</b>		<b>Committee</b>	<i>X</i>	
<b>Type of Report</b>		<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2015 – Annual Report				<b>YES</b>
<b>Termination Report?</b>				
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner At-Large</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
<b>From:</b>	<i>11/24/2015</i>	<b>To:</b>	<i>12/31/2015</i>	
<b>A. Amount Brought Forward From Last Report</b>				<i>293.50</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>				<i>0.00</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>				<i>293.50</i>
<b>D. Total Expenditures (from Schedule III)</b>				<i>293.50</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>				<i>0.00</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>				<i>0.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>				<i>0.00</i>

\*Complete reports including signatures are on file in the Office of Voter Registration.

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <b>Friends of Bob Martin</b>	Reporting Period From <b>11/24/15</b> To <b>12/31/15</b>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ <b>0</b>
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)	\$ <b>0</b>
All Other Contributions (Part B)	\$ <b>0</b>
TOTAL for the Reporting Period	(2) \$ <b>0</b>

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)	\$ <b>0</b>
All Other Contributions (Part D)	\$ <b>0</b>
TOTAL for the Reporting Period	(3) \$ <b>0</b>

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$ <b>0</b>
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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>0</b>
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**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 <i>Friends of Bob Martin</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ <i>0</i>
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**2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the Reporting Period	(2)	\$ <i>0</i>
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**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the Reporting Period	(3)	\$ <i>0</i>
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>0</i>
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## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Bob Martin</b>	Reporting Period From <b>11/24/15</b> To <b>12/31/15</b>
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To Whom Paid <b>Friends of Stephen George</b>	MO. <b>12</b>	DAY <b>7</b>	YEAR <b>15</b>	Amount <b>\$ 200</b>
Mailing Address <b>PO BOX 82</b>	Description of Expenditure <b>Donation</b>			
City <b>New Tripoli</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18040</b>		

To Whom Paid <b>Friends of Joe Spetack</b>	MO. <b>12</b>	DAY <b>31</b>	YEAR <b>15</b>	Amount <b>\$ 93.50</b>
Mailing Address <b>PO BOX 1936</b>	Description of Expenditure <b>Donation</b>			
City <b>Meda</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19043</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <b>\$ 293.50</b>
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