

CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or Liabilities incurred each did not exceed \$250.00 during the reporting period.

Name and Address of Filing Candidate or Committee

| | |
|--------------------------|---------------------------|
| Name: | <i>Bob Martin</i> |
| Address: | <i>1833 Kay Dr</i> |
| City, State, Zip: | <i>Allentown PA 18106</i> |

Report Filed By

| | | | |
|---|----------------------|------------------|--------------------|
| Candidate | <i>X</i> | Committee | |
| Type of Report | Election Date | Amended | Termination |
| <i>2015 – Annual Report</i> | | | YES |
| <i>TERMINATION REPORT?</i> | | | |
| Office Sought By Candidate | Party | County | |
| <i>Lehigh County Commissioner At-Large</i> | <i>D</i> | <i>Lehigh</i> | |
| Cash Balance at end of Reporting Period: | | 0.00 | |
| Total Amount of Filer's Outstanding Debts or Liabilities at the End of Reporting Period: | | 0.00 | |
| From: | <i>11/24/2015</i> | To: | <i>12/31/2015</i> |

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