	CAI	MPAIGN 1	FINANCE REI	PORT			
	Name and A	ddress of F	iling Candidate	or Con	ımitte	ee	
Name: Address: City, State, Zip: Friends of Bob Martin 1833 Kay Dr Allentown, PA 18106 Report Filed By							
Candidate			Committee			X	
Type of Repo	Type of Report			Amended		Termination	
2015 – 30 Day Post Election			11/03/2015				
Termination	Report?						
Office Sought By Candidate			Party	County	y		
Lehigh Count	Lehigh County Commissioner At-Large			Lehigh	;h		
	Sumn	nary of Rec	eipts & Expend	itures			
From:	10/20/2015		To:	11/23/2015			
A. Amount Brought Forward From Last Report					393.	50	
B. Total Mone	etary Contribu	tions & Rec	eipts (from Sche	dule I)	500.0	00	
C. Total Funds Available (Sum of Lines A & B)					893.50		
D. Total Expenditures (from Schedule III)				600.0	00		
E. Ending Cas	sh Balance (Sul	btract Line	D from Line C)		293.5	70	
F. Value of In-Kind Contributions Received (from Schedule II)				0.00			
G. Unpaid Debts & Obligations (from Schedule IV)				0.00			

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF ______

Detailed Summary Page

Name of Filing Committee or Candidate Rep	orting Period	
)115 to 11/23/15
		,
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PE	R CONTRI	SUTOR 100
TOTAL for the Reporting Period	(1) \$	Ø
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	s	<i>O</i>
All Other Contributions (Part B)	s	
TOTAL for the Reporting Period	(2) \$	
		\mathcal{L}
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	s	500
All Other Contributions (Part D)	\$	
TOTAL for the Reporting Period	(3) \$	500 500
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	easte te	
TOTAL for the Reporting Period	(4) \$	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	500

PART C

PAGE 3_0F5___

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Cult Manager A Company				DATE '	AMOUNT
Full Name of Contributing Committee Meiling Address	S / DCB	1420		DAY YEAR	
Meiling Address	IW St		Mo	DAY YEAR	
City 1095 CUIVI		Zip Code Plus 4)	MO.	DAY YEAR	\$
K (DC) Y I/)	1/	+ 1910Uo			\$
Full Name of Contributing Committee			MO.	DAY YEAR	\$
Mailing Address			240	DAY YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
Full Name of Contributing Committee					\$
			MO	DAY YEAR	\$
Mailing Address			MO.	DAY YEAR	
City	State	Zip Code (Plus 4)	Mo.	DAY YEAR	\$
ull Name of Contributing Committee		•••] \$
			MO.	DAY YEAR	\$
ailing Address			MO.	DAY YEAR	
ity	State	Zip Code (Plus 4)	MO:		\$
all Name of Contributing Committee				DAY YEAR	\$
			MO.	YEAR	\$
ailing Address			MO.	MY YEAR	
ty					
	State	Zip Code (Plus 4)			\$
	State	Zip Code (Plus 4)	Mo.	PAY YEAR	\$
	State	Zip Code (Plus 4)			\$
	State	Zip Code (Plus 4)	Mo.	YEAR	
ailing Address	State	_	MO.	YEAR AY YEAR	\$
piling Address		Zip Code (Plus 4) Zip Code (Plus 4)	MO.	YEAR	\$
piling Address		Zip Code (Plus 4)	MO D	YEAR AY YEAR	\$ \$ \$ \$
eiling Address Y I Name of Contributing Committee		Zip Code (Plus 4)	Mo. So	YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$
piling Address If Name of Contributing Committee	State	Zip Code (Plus 4)	Mo co	YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$ \$
oiling Address I Name of Contributing Committee Iling Address		Zip Code (Plus 4)	Mio and	YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$ \$
I Name of Contributing Committee Iling Address	State	Zip Code (Plus 4)	MO CO	YEAR AY YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
I Name of Contributing Committee Iling Address	State	Zip Code (Plus 4)	MO D	AY YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$
I Name of Contributing Committee Iling Address Y Name of Contributing Committee	State	Zip Code (Plus 4)	MO D	AY YEAR AY YEAR AY YEAR AY YEAR AY YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Il Name of Contributing Committee Il Name of Contributing Committee Illing Address y I Name of Contributing Committee Iling Address	State	Zip Code (Plus 4)	MO D	AY YEAR AY YEAR AY YEAR AY YEAR AY YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

SCHEDULE II

PAGE 4 OF 5

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				
Triande of Idais Marks	orting Per	120/1	5 to ///2	25/15
	7	7	1	1
1. UNITEMIZED NEKIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.	00 OR 1	ESS PE	R CONTRIB	JTOR -
TOTAL for the Reporting Period	(1)		Ø	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.01	FRON	PART	F)	
TOTAL for the Reporting Period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM F				
TOTAL for the Reporting Period	(3)	\$ /	<u> </u>	
		1		,
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.)		s (y	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	v/\	Reporting Period / /
triends of 1000	Martin	From 1020/15 To 11/23/15
To Whom Paid ()		
Mailing Address Addres	puc.	MO. DAY YEAR Amount
3785 Schoenersu	16 20 335	Description of Expanditure [Cimbu(S/Min+ U)
betalenen	Side Code (Plus 4)	1000 Cails
To Whom Apid Way Track PPD	110	MD. DAY YEAR Amount
Mailya Address SCIANNO VSIL	1107 8/1	Description of Expenditure
Bohlehen	Sign Zip Code tribs 4)	- WISUHTIG TUS
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus 4)	
To Whom Paid	este-	TNET THE STATE OF THE PROPERTY
Meiling Address		MO. DAY YEAR Amount S
City		Description of Expenditure
	State Zip Code (Plus 4)	
To Whom Paid		MO. DAY YEAR! Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus 4)	
To Whom Paid		MG DAY YEAR Amount
Mailing Address		S Description of Expenditure
City	State Zip Code (Plus 4)	SOUTH OF EXPENDITURE
o Whom Paid	State Zip Code (Plus 4)	
		MO DAN YEAR Amount
Mailing Address		Description of Expenditure
ity	State Zip Code (Plus 4)	
o Whom Paid		Mg: DAY YEAR Amount
failing Address		Description of Expanditure
ity	State Zip Code (Pius 4)	
	Alas	
inter Grand Total of Expenditures on Pag	le 1, Report Cover De	PAGE TOTAL
	पूर्णस्य व्यक्तिकास्य हिन्स	\$ 1000