

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 – 30 Day Post Election		11/03/2015		
<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>10/20/2015</i>	<b>To:</b>	<i>11/23/2015</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>393.50</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>500.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>893.50</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>600.00</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>293.50</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>10/20/15</b> To <b>11/23/15</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>0</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</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>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>500</b>
All Other Contributions (Part D)	\$ <b>0</b>
TOTAL for the Reporting Period (3)	\$ <b>500</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <b>0</b>

<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>500</b>
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## 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.

Name of Filing Committee or Candidate <i>Friends of Bob Martin</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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Full Name of Contributing Committee				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	
City				MO.	DAY	YEAR	
State				MO.	DAY	YEAR	
Zip Code (Plus 4)				MO.	DAY	YEAR	
<i>Iron Workers Local 420</i>							\$ 500
<i>1645 Fairview St</i>							\$
<i>Reading PA 19124</i>							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City							\$
State							\$
Zip Code (Plus 4)							\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 500

**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 <b>Friends of Bob Martin</b>	Reporting Period From <b>10/20/15</b> To <b>11/23/15</b>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>Ø</b>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <b>Ø</b>
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SCHEDULE III  
**STATEMENT OF EXPENDITURES**

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Name of Filing Committee or Candidate <b>Friends of Bob Martin</b>		Reporting Period From <b>10/20/15</b> To <b>11/23/15</b>	
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To Whom Paid <b>Advantage Pep LLC</b>	MO. <b>10</b> DAY <b>29</b> YEAR <b>15</b>	Amount <b>\$ 100</b>
Mailing Address <b>2285 Schoenersville Rd Suite 205</b>	Description of Expenditure <b>reimbursement for</b>	
City <b>Bethlehem</b> State <b>PA</b> Zip Code (Plus 4) <b>18017-</b>	<b>robo calls</b>	

  

To Whom Paid <b>Advantage Pep LLC</b>	MO. <b>11</b> DAY <b>1</b> YEAR <b>15</b>	Amount <b>\$ 500</b>
Mailing Address <b>2285 Schoenersville Rd Suite 205</b>	Description of Expenditure <b>Consulting fees</b>	
City <b>Bethlehem</b> State <b>PA</b> Zip Code (Plus 4) <b>18017-</b>		

  

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

  

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

  

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

  

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

  

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

  

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

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

PAGE TOTAL  
**\$ 1600**