

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Robert 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
2015 – 30 Day Post Primary		05/19/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner At-Large</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>05/04/2015</i>	To:	<i>06/08/2015</i>	
A. Amount Brought Forward From Last Report				<i>0.00</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>0.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>0.00</i>
D. Total Expenditures (from Schedule III)				<i>0.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>0.00</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>2,912.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>0.00</i>

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

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate Robert Martin	Reporting Period From 5/5/15 To 6/8/15
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				DATE			AMOUNT
Full Name of Contributor Citizens for a Better Lehigh County				MO. 5	DAY 21	YEAR 15	\$ 2,912.00
Mailing Address 840 Hamilton St Ste 321				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer of Contributor N/A				Occupation Campaign Mgmt + Printing			
Employer Mailing Address/Principal Place of Business N/A				Description of Contribution "			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$