| CAMPAIGN FINANCE REPORT | | | | | | | | | |
|---|-------------|----------------|----------------------|------------|--------|-------------|--|--|--|
| | Name and Ac | ldress of Fi | ling Candidate | or Com | mitte | e | | | |
| Name: | | Amanda Holt | | | | | | | |
| Address: | | 124 Bastian Ln | | | | | | | |
| City, State, Zip: Allentown PA 18104 | | | | | | | | | |
| Report Filed By | | | | | | | | | |
| | | | <i>y</i> | | | | | | |
| Candidate | | X | Committee | | | | | | |
| Type of Report | | | Election Date | Amended | | Termination | | | |
| 2015 – 30 Day Post Primary | | | 05/19/2015 | | | | | | |
| Termination Report? | | | | | | | | | |
| | • | | | | | | | | |
| Office Sought By Candidate | | | Party | County | County | | | | |
| Lehigh County Commissioner At-Large | | | R | Lehigh | | | | | |
| | Sumn | nary of Rec | eipts & Expend | litures | | | | | |
| From: | 05/04/2015 | | To: | 06/08/2015 | | | | | |
| A. Amount Brought Forward From Last Report | | | | | | (100.00) | | | |
| B. Total Monetary Contributions & Receipts (from Schedule I) | | | | | 0.00 | | | | |
| C. Total Funds Available (Sum of Lines A & B) | | | | | | (100.00) | | | |
| D. Total Expenditures (from Schedule III) | | | | | | 0.00 | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | | (100.00) | | | |
| F. Value of In-Kind Contributions Received (from Schedule II) | | | | | | 4,399.69 | | | |
| G. Unpaid Debts & Obligations (from Schedule IV) | | | | | 0.00 | | | | |

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

SCHEDULE II

PAGE 2 OF 3

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 | Reporting Period |
|--|--|
| Amaroa Hour | From 5/5/15 To 6/8/15 |
| | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - \ | VALUE OF \$50.00 OR LESS PER CONTRIBUTOR |
| TOTAL for the Rep | orting Period (1) \$ |
| | • |
| 2. IN KIND CONTRIBUTIONS RECEIVED - VALUE OF \$8 | 0.01 TO \$250.00 (FROM PART F) |
| TOTAL for the Rep | orting Period (2) \$ |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$ | 250.00 (FROM PART G) |
| TOTAL for the Rep | orting Period (3) \$ 4,399.69 |
| | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THE REPORTING PERIOD (Add and enter amount totals from 8 and 3: also enter on Page 1, Report Cover Page, Item F. | oxes 1, 2, \$ 4,399.69 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | |
|--|-----------------------------|----------|-------------|--|
| | Reporting Period | | | |
| Amaroa Hour | From 5/5/16 | | 5 To 6/8/15 | |
| | DATE | | AMOUNT | |
| Full Name of Contributor RESTORE PA | DAY | YEAR | \$ | |
| Mailing Address | DAY | YEAR | \$ | |
| P. O. Box 4464 City State Zip Code (Plus 4) MO. ALLETOWN PA 18105 -4464 06 | DAY OB | YEAR | \$ 4,399.69 | |
| Occups Of Contributor | | 15 | 1,071.01 | |
| Employer Mailing Address/Principal Place of Business Descrip | | | - | |
| | CAMPAILA PROMOTION | | | |
| Full Name of Contributor MO. | DAY | | PROMISEROM | |
| | 1 00. | YEAR | \$ | |
| Meiling Address MO. | DAY | YEAR | \$ | |
| City State Zip Code (Plus 4) MO. | DAY | YEAR | \$ | |
| Employer of Contributor Occupa | tion | <u></u> | | |
| Employer Mailing Address/Principal Place of Business Descrip | Description of Contribution | | | |
| Full Name of Contributor MO: | DAY | YEAR | s | |
| Mailing Address MO. | DAY | YEAR | s | |
| City State Zip Code (Plus 4) MQ. | DAY | YEAR | \$ | |
| Employer of Contributor Occupat | tion | <u> </u> | | |
| Employer Meiling Address/Principal Place of Business Descrip | Description of Contribution | | | |
| | Description of Contribution | | | |
| Full Name of Contributor MQ. | DAY | YEAR | \$ | |
| Mailing Address . MO. | DAY | YEAR | \$ | |
| City State Zip Code (Plus 4) MO. | DAY | YEAR | s | |
| Employer of Contributor Occupet | Occupation | | | |
| Employer Mailing Address/Principal Place of Business Descript | Description of Contribution | | | |
| Full Name of Contributor | 7. 544 | | | |
| Meiling Address | DAY | YEAR | \$ | |
| MO, | DAY | YEAR | \$ | |
| City State 7 To Code Princip | DAY | YEAR | \$ | |
| State Zip Code (Plus 4) MD. Employer of Contributor | | | • | |
| State Zip Code (Plus 4) MD. | ion | | 3 | |

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

PAGE TOTAL \$ 4,399.69