	CAN	ЛРAIGN F	INANCE REP	ORT			
	Name and Ad	ldress of Fi	ling Candidate	or Com	mitte	e	
Name: Amanda Ho Address: 124 Bastia							
City, State, Zip: Allentown Pa 18104							
		Repo	rt Filed By				
Candidate		X	Committee				
Type of Repo	ort		Election Date	Amended		Termination	
2015 – 2 nd Friday Pre-Election			11/03/2015				
Termination	Report?						
Office Sough	t By Candidate)	Party	County	nty		
Lehigh County Commissioner At-Large			R	Lehigh	Lehigh		
	Summ	nary of Reco	eipts & Expend	litures			
From:	06/09/2015		To:	10/19/2	10/19/2015		
A. Amount Brought Forward From Last Report					(100.00)		
B. Total Monetary Contributions & Receipts (from Schedule I)				dule 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)				2,082.13			
G. Unpaid De	ebts & Obligation	ons (from Sc	hedule IV)		0.00		

^{*}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

Name of Filing Committee or Candidate	Reporting Period
Amaroa Hour	From 6/9/15 To 10/19/15

				DATE		AMOUNT
Full Name of Contributor RESTORE PA			MO.	DAY	YEAR	\$
maiting Address			MD.	DAY	YEAR	
City P.O. Dox 4464	State	Zip Code (Plus 4)				\$
ALLENTOWN	Aq	18105 -4464	MO.	19	ZOIS	\$ 2,08213
Employer of Contributor PAC		-	Occupati			
Employer Mailing Address/Principal Place of Business			Descript	tion of Can	ibution	
			1	CAM	PRIL	Momorrow
Full Name of Contributor			MO.	DAY	YEAR	3
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Tie Cade (Dine 4)	1	1		•
	510.0	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupation	122	<u></u> ′	•
			-	On .		
Employer Mailing Address/Principal Place of Business	,		Descript	lion of Con	atribution	
		·		-	William	
Full Name of Contributor			.MO.	DAY	YEAR	
Mailing Address		,		,	,	s
mailing Address		7	MO.	DAY	YEAR	
City		,		1	,	\$
1	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Emplayer of Contributor	'		1!	1 _'	1	\$
			Occupatio	on		
Employer Mailing Address/Principal Place of Business			<u></u>			
-		,	Description	ion of Cont	tribution	
Full Name of Contributor			4			<u> </u>
		,	MIC).	DAY	YEAR	
Mailing Address			-MO.			\$
		<i>†</i>	-	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY		*
Employer of Contributor		, – Г			YEAR	\$
Improver of Contributor			Occupation	<u></u>		
Employer Meiling Address/Principal Place of Business			1			
With the state of the state of Onsiders		T	Descriptic	on of Contr	ribution	
Full Name of Contributor			Ĺ. <u>.</u>			
All home of coutributor			MO.	DAY	YEAR	
Mailing Address			<i>-</i>			\$
		,	MQ.	DAY	YEAR	
City	State					\$
	51814	Zip Code (Plus 4)	MO.	DAY	YEAR	_
Employer of Contributor					1	\$
		1	Occupation	1		
Employer Mailing Address/Principal Place of Business			intie	2.0224		
				on of Contri	ibution	

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

PAGE TOTAL \$ 2,082.13

SCHEDULE II

PAGE 3 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 Pe	eled.	
AMAMOA HOLT			To 10/19/15
	110		10 10/19/15
THE THE PARTY SERVICES TO THE OFFICE OF VALUE	OF \$50.00 OR	LESS PE	R CONTRIBUTOR
TOTAL for the Reporting R		\$	
THE PARTY OF SHORT TO	\$250.00 FROM	A PART	
TOTAL for the Reporting P		\$	
PER EIVER - VALUE OVER \$250.00			
7. V.C. 3.250.00	PHOM PART G)	
TOTAL for the Reporting P	eriod (3)	\$ 2,	082.13
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, and 3; also enter on Page 1, Report Cover Page, Item F.)	2,	\$ 2,	082.13