CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or Liabilities incurred each *did not exceed \$250.00* during the reporting period.

Name and Address of Filing Candidate or Committee

Name:	Bob Martin				
Address:	dress: 1833 Kay Dr				
City, State,	City, State, Zip: Allentown H				
Report File	ed By	-			
Candidate		X	Committee		
Type of Report			Election Date	Amended	Termination
2015 – 2 nd Friday Pre-Election			11/03/2015		
TERMINAT	TION REPORT?				
Office Sought By Candidate			Party	County	
Lehigh County Commissioner At-Large			D	Lehigh	
Cash Balance at end of Reporting Period:				0.00	
Total Amount of Filer's Outstanding Debts or Liabilities at the End of Reporting Period:				0.00	
From: 06/09/2015			To:	10/19/2015	

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