	CAN	MPAIGN F	INANCE REP	ORT		
	Name and A	ddress of Fi	ling Candidate	or Com	mitte	e
Name: Address: City, State, 2	Zip:	Friends of I 1833 Kay D Allentown I Repo)r			
Candidate			Committee			X
Type of Rep	ort		Election Date	Amend	ed	Termination
$2015 - 2^{nd}$ Fr	riday Pre-Electic	on	11/03/2015			
Termination	Report?	······································				
Office Sough	nt By Candidat	e	Party	County	•	
Lehigh County Commissioner At-Large			D	Lehigh		
	Sumi	nary of Rec	eipts & Expend	litures		
From:	06/09/2015		To:	10/19/2	015	
A. Amount I	 Brought Forwa	rd From Las	t Report	1	0.00	· · · · · · · · · · · · · · · · · · ·
B. Total Mo	netary Contrib	utions & Rec	ceipts (from Scho	edule I)	2,33	0.00
C. Total Fun	nds Available (S	Sum of Lines	A & B)		2,33	0.00
D. Total Exp	oenditures (fro	n Schedule I	II)		1,93	6.50
E. Ending C	ash Balance (S	ubtract Line	D from Line C)	<u> </u>	393.	50
F. Value of I	n-Kind Contri	butions Rece	ived (from Sche	dule II)	709.	15
G. Unpaid D	ebts & Obligat	ions (from S	chedule IV)		0.00	

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

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate VIONAS A TYDO MOUTIN	Reporting Pe	[9] ,	15 to 10/1	9 /15
	Special Control			es e
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	PERMUN	TRIBU T	TOX	
TOTAL for the Reporting Period	(1)	\$	150	in the state of the
2. CONTRIBUTIONS SECTO TO SPECION FROM PARTY AND PARTY	:			Table 18 and
Contributions Received from Political Committees (Part A)		\$	950	
All Other Contributions (Part B)		\$	200	
TOTAL for the Reporting Period	(2)	\$	1150	
SEXCONTRIBITATIONS (ONS OVER \$250.00 (FROM PART) - AND PART 3)	48		Same of the second seco	
Contributions Received from Political Committees (Part C)		\$	1000	
All Other Contributions (Part D)		\$		
TOTAL for the Reporting Period	(3)	\$	1000	
4. OTHER RECEIPES LARGED S. WILLIAMS FEARWARD RECEIPMENT OF				
			JA PAN E	
TOTAL for the Reporting Period	(4)	\$		
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		\$	2330	

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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	10 101:01
triunas it bino martin	From U 4) To () ())
	DATE	AMOUNT /
Full Name of Contributing Committee Way VIVS PAC	9 30 15	\$ 250
Mailing Aldress All Vivo Highuau	Mg BAY YEAR	\$
City State Zip Gode (Plus 4)	MO SAY YEAR	\$
Full Name of Contributing Committee Wive Miles	MO. DAY YEAR	- L
Mailing Address	MO DAY YEAR	
City Cip Code Plus 4)		-
HUUNION IPHISIPH-		\$
Full Mande on Contributing Committee 100	MO DAY YEAR	\$ 250
2589 Internal Dr		\$
City HOWY Shura # Sharp Zip Code (Pfus 4)	MO. STOLYM MY AND	\$
Full Hame of Contributing Committee Letter Min Mi	PY 10 CJ 15	\$ XY)
Mailing Address X X X X X X X X X X X X X X X X X X	2007	
City A Cip Code (Plus 4)	MG. DAY YEAR	\$
Full Name of Contributing Committee		
Mailing Address		\$
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	SIO. CAY YEAR	\$
Full Name of Contributing Committee	HEADONNA SHADAYAN MARKANIN	\$
Mailing Address	MQ. DAY YEAR	\$
City State Zip Code (Plus 4)	MO SOAY AYEAR	\$
Full Name of Contributing Committee	12.60° 22.00° 12	
Mailing Address	ENGAN ENGAN BARAS	
City State Zip Code (Plus 4)	ENGLISH SHOW ON THE TAX IN	
Full Name of Contributing Committee		\$
Mailing Address		\$
		\$
City State Zip Code (Plus 4)	Mir BAY SEA	\$
Enter Grand Total of Part A on Schedule I, Detailed Summ	nary Page, Section 2.	\$ 950

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ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Filings Of Bob Martin	Reporting Period	15 to 10/19/15
	DATE	AMOUNT
Full Name at Contailbuter W V	MO. CLAR YEAR	\$ 1/2
Meiling Address 72	MO DAY YEAR	
City A State of the All States of the All		\$
Giry A110 pto 100 100 11 1810 00		\$
Full Nerne of Contributor	NO DAY YEAR	-\$ /()()
Meiling Address	MOI VOAT	\$
City System City Cade, (Plus 4)	MO, DAY YEAR	*
MANY SOURCE THE STOREST		\$
Full Name of Contributor		\$
Mailing Address	- NO. EAY : YEAR	\$
City State Zip Code (Plus 4)	MO E DAY YEAR	
		\$
Full Name of Contributor	MIO. DAY YES	\$
Mailing Address		\$
City State Zip Code (Plus 4)	Mg DAY TEAR	
		\$
Full Name of Contributor		\$
Mailing Address		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
		\$
Full Name of Contributor		S
Mailing Address	15 No. 15 AV	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor		
Mailing Address	YEAR	\$
		\$
City State Zip Code (Flus 4)	NG, DAY YEAR	\$
Full Name of Contributor	ANT CAYES TEAM	
Mailing Address	MO. SAY YEAR	
		\$
City State Zip Code (Plus 4)	AND THE VANCE OF VEXAS	s
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summar	y Page, Section 2.	s 200
DSEB-502 (7-99)		

PAGE	OF	

PART C

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 FULLOS OF BIN	N	With	17		Reporting From	Period	15 to 14/19/15
					DATE		AMOUNT
Full Name of Contributing Committee	hil	at VI	unity	IV Mg.	DAY DAY	J5 YEAR	\$ 500
SUS DYING GAVA	Sinte	Jap Code	Plus 4)		DAY		\$
Philliallylla	PH	19/31	}				\$
Full Name of Conflicting Committee	100	U 542	2 PAC		DAY	115	\$ 500
1575 Vivainia V	(en	Zir Çode		8 0.		YEAR	\$
HAY WASHINGTON	PA	19/334	(FIDS 4)		DAY	: 1	\$
Full Name of Contributing Committee J Mailing Address	······································				10 A Y		\$
•				MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY.	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO	BAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	- bay	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code	(2106 A) —	MO	DAY	YEAR	\$
Full Name of Contributing Committee				.#O.	DAY	YEAR	\$
Mailing Address		·	· · · · · · · · · · · · · · · · · · ·	HO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO,	DAY	:\\E&\;	\$
Full Name of Contributing Committee				MG.	en yve	YEAR	\$
Meiling Address	Willian Control			MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO	DAY	YEAR	\$
Enter Grand Total of Part C on Sched	ule I	, Detailed :	Summary	Page,	Section	1 3.	PAGE TOTAL \$ /000

ALL OTHER CONTRIBUTIONS

F	Α	GE	OF	

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Films of Bon)	ΔV	artin		From (091	15 to 101815
				DATE	· v	AMOUNT
Full Name of Contributor			Missay.	YETOXYY!	2.77330¥	\$
Mailing Address			MO.	- DAY		\$
City	State	Zip Code (Plus 4)	MO.	= DAY	SAY FARE	\$
Employer Name	L		Occupati	on		
Employer Mailing Address/Principal Place of Business			<u> </u>			
Full Name of Contributor			MQ.	DAY	YEAR	\$
Malling Address		**************************************	MO.	DAY	20 07 (1)	\$
City	State	Zip Code (Plus 4)	MO.	DAY	¥YEAT	\$
Employer Name	L		Occupati	on .		tani Militari kan 1900 menganan mengan mengan mengangan menggipan balan sangan sa
Employer Mailing Address/Principal Place of Business	***************************************		<u> </u>			and the second s
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY	EN WOODLE	\$
Employer Name	L		Occupati	on	1	
Employer Mailing Address/Principal Place of Business				······································		varanta a a a a a a a a a a a a a a a a a a
Full Name of Contributor			20.00	15/4YE/1	YEAR	\$
Mailing Address			MO.	DAY	V # 4 W	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor				55.02XV416		\$
Mailing Address			140.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO.	PAY	YEARS	\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on Schar	(1.1.m.)			Omenia	^	PAGE TOTAL

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T PAL SET		

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Frunc of Filing Committee or Candidat	50/0 ///	avtin	From	g Periodi	15 To 10/19
' V W S I / I / I /		\sim ///		0/-//	
II Name					
siling Address	***************************************	·····			
ty	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
eceipt Description					\$
ill Name					
ailing Address					**************************************
ity	State	Zip Code (Plus 4)	5210 M PRESS	Z. YEAR	Amount
eceipt Description		****			\$
ill Name					
failing Address					
ity	State	Zip Code (Plus 4)	MO. DAY	SEAT	Amount \$
aceipt Description					3
ull Name					
lailing Address	***************************************				
ity	State	Zip Code (Plus 4)	MO-22 DAY.	YEAR	Amount \$
eceipt Description					
il Name	<u></u>				
ailing Address	the second secon	***************************************		·	· · · · · · · · · · · · · · · · · · ·
Ity	State	Zip Code (Plus 4)	NO. DAY		Amount
	0.64.6	Tip Code (Fibs 4)	30. 38.	YEAR	\$
eceipt Description					
II Name					
siling Address					
ailing Address	State	Zip Code (Plus 4)	MC DAY	Year	Amount
ty	State	Zip Code (Plus 4)	3883 1 500/4	Year	Amount \$
	State	Zip Code (Plus 4)	A io in Story	A 6. 77.156	

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SCHEDULE II

PAGE OF

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 IVIUNAS OF BOB MAYAM	From ()	lod /	5 то <u>/0/18/1</u> 5
UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED COVALUE OF	50.00 OR	ESS	PPR CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	0
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	OTO SERVE	e PAI	
TOTAL for the Reporting Period		\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE COVER \$250,00 GRO	S. G. S.		
TOTAL for the Reporting Period		\$	709.15
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	709.15

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	. 1/	100110		Reporting	Period	1 1/10/10
Films of Filing Committee or Candidate Films of Richards of Ray ()	_]]	/UV 171)		From _	2/4/	15 To 11/19/15
				DATE	/ /	AMOUNT
Full Name of Contributor			3 84 . (975.			\$
Mailing Address			MO.	DAY	VEAT	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	175/49	\$
Description of Contribution:	<u> </u>			<u></u>	<u> </u>	
Full Name of Contributor			MO.	DAY	. YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
•						\$
City	State	Zip Code (Plus 4)	MO	DAY	Year	\$
Description of Contribution:	<u></u>			<u> </u>		3
occupant of our touristic.						
Full Name of Contributor			MO	3 B (27 V a)		
						\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Description of Contribution:						
Full Name of Contributor			, Ma	(((((((((((((((((((1200	
						\$
Mailing Address			40,	編・ハイ	YE SE	\$
City	State	Zip Code (Plus 4)	-	DAY		
		-		- 44		\$
Description of Contribution:				1	.1	
Full Name of Contributor			- Walter Color			
run Name of Contributor			L LIO	DAY	YEAR	\$
Mailing Address			Mo.	DAY	A YEAR	
City	T					8
	State	Zip Code (Plus 4)	3.3.43±3.	10.5	79.65	\$
Description of Contribution:	J			<u></u>	L	
Full Name of Contributor			MÇ.	1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24/2500E	\$
Mailing Address			MG.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	Mo	DAY	EY An	\$
Description of Contribution:	<u></u>	-	1	<u></u>	<u></u>	T
	v					
Enter Grand Total of Part F on Sched	اا جانط	Inskind Cartelless	tions r	nanile d		PAGE TOTAL
Summary Page, Section 2.	.v. v 11	, m-king contribu	HOIR D	# (# 11 8 C)		\$ (7)

PAGE	OF	

SCHEDULE II IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate,	M	autin	1	orting Period	15 to 10/8/13
	1 / 4			ATE	AMOUNT
Full Name of Contributor	V 0 v	of Hora		PAN YEAR	-700
Mailing Address A MATTY Y X	Dic.	IF WOVES	1/) 180:	DAY YEAR	\$ 109.15°
Macinain	M	Zip Code (Plus 4)	Mo.	OXY YEAR	\$
Employer of Contributor	#/!	HOURS	Occupation		
Complete Statistics Address (Drive to 1 Driver C. Driver	***************************************				8 · ·
Employer Mailing Address/Principal Place of Business			I M	OM/) 17/	ings materia
Full Name of Contributor			WO.	EXAMPLE TO FEMALE.	\$
Mailing Address			MQ.	DAY YEAR	\$
City	State	Zip Code (Pius 4)	MO.	DAYL YEAR	\$
Employer of Contributor	1	I.	Occupation	<u> </u>	
Employer Mailing Address/Principal Place of Business			Description o	of Contribution	
Full Name of Contributor			No.		\$
Meiling Address			Mo,	AY YEAR	<u> </u>
City	State	Zip Code (Plus 4)	MO	3.57 (18) (17) (18) (18) (18) (18) (18) (18) (18) (18	\$
Employer of Contributor	L		Occupation	<u> </u>	
Employer Mailing Address/Principal Place of Business			Description o	of Contribution	
Full Name of Contributor			Mrc. F. H	AY INSAI	i communication of the second
Mailing Address					\$
			MO. I	AVE YEAR	\$
СНУ	State	Zip Code (Plus 4)	.MO. 16	HABY. YEAR	\$
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business		·	Description o	of Contribution	
Full Name of Contributor			MO. P	AY YEAR	\$
Mailing Address			MO ab	XX	
City	State	Zip Code (Plus 4)	MO 6	XX EXIZAGE	\$
Employer of Contributor	L		Occupation		
Employer Mailing Address/Principal Place of Business	Wide No Franchisco Control of the section		Nana-1-ation		
			Pescription 9	f Contribution	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	lule II	, In-Kind Contribut	tions Detai	led	\$ 109.15

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period	, , , , , , , , , , , , , , , , , , , ,
Friends of Bob 1	MC	wtin	From (1/9)	15 to 10/18/15
			/ /	,
To Whom Peid AN IN LOW	Υ (DUNCIL	4 8 5 9 8 5	Amount 5
Mailing Address	+		Description of Expenditure	
HILINTOWN	PA	Zip Code (Plus 4)		
To Whom Paid Cantual PED U	1		G DAY YEAR	Amount \$ 250
Mailing 285 Schoener Suil	Le .	Kd	Description of Expenditure	
13811111111111	PH	Zip Code (Plus 4)	CONSULTIN	19 tels
To Whom Paid OLMS			MG DAY YEAR	Amount / OO
Mailing Adress 3143	344	Zip Code (Plus 4)	Description of Expenditure	
LUESCOSTIILE.	VA	1810 p		
"Mayantage Pep C	10		MG DAY YEAR	* 250
City 285 SCHOENERSULL	10	Rd	Description of Expenditure	ng tels
Dethunem	17)	Zin Code (Pius 4)		
To Whom Paid Print Center		9	10/10/5	\$ 821.57
City DU BYOUGHLOO	State	Zie Code (Pius 4)	Description of expenditure	
19thle nem	Ph	18/115=	J	
To vinger Baid Mailing Adults Mailing Adults	1		MIC DAY YEAR Description of Expenditure	\$ DDD
1 2185 SCHOPPLIST		Zip Code (Plus 4)	CONSUM	ng tees
Detilenem	PA	18111-		\mathcal{J}
To Whom Paid			\$1 M 1 - 1	Amount \$
Mailing Address		and the second s	Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid				Amount \$
Malling Address			Description of Expenditura	
City	State	Zip Code (Plus 4)		
Enter Grand Total of Expenditures on Page	je 1,	Report Cover P	age, Item D.	PAGE TOTAL \$ 1931, ST

PAGE	OF	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Eiling Committee or Candidate 111105 OF BOD MO	Min		Reporting From (Period /	15 to 10/19/1
Name of Creditor	·				Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	THEOMES	State	Zip Code	(Pius 4)	
Description of Debt				· · · · · · · · · · · · · · · · · · ·	
Name of Creditor					Outstanding Balance of De
Meiling Address	DATE DEBT INCURRED	MG.	DAY	YEAR	10000
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of De
Mailing Address City	DATE DEST INCURRED	, Mo.		YEAR	
Description of Debt		State	Zip Code	i (Plus 4)	
description of dept					
Name of Cardina					
Name of Creditor	Trave			2 21 th 19 11 12 12 12 12 12 12 12 12 12 12 12 12	Outstanding Balance of De
Name of Creditor Mailing Address City	DATE DEBT INCURRED	State		(Plus 4)	Outstanding Balance of De
Mailing Address	DEBT	- Mő. :	Zip Code		Outstanding Balance of De
Mailing Address City Description of Debt	DEBT				
Mailing Address City	OEBT INCURRED	State	Zip Code	 	S Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor	OEBT	State	Zip Code	(Plus 4)	S Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT	State	Zip Code	(Plus 4)	S Outstanding Balance of De
Meiling Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT	State	Zip Code	(Plus 4)	S Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED DATE DEBT INCURRED	State State	Zip Code	(Plus 4)	Outstanding Balance of De
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State State	Zip Code	(Plus 4)	Outstanding Balance of De
Meiling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED DATE DEBT INCURRED	State State	Zip Code	(Plus 4)	Outstanding Balance of De
Meiling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State State	Zip Code	(Plus 4)	Outstanding Balance of De