

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Friends of Bob Martin</i>			
Address:	<i>1833 Kay Dr</i>			
City, State, Zip:	<i>Allentown Pa 18106</i>			
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report	Election Date	Amended	Termination	
2015 – 2 nd Friday Pre-Election	11/03/2015			
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>06/09/2015</i>	To:	<i>10/19/2015</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>2,330.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>2,330.00</i>	
D. Total Expenditures (from Schedule III)			<i>1,936.50</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>393.50</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>709.15</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.

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate Friends of Bob Martin	Reporting Period From 6/9/15 To 10/18/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 180

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 950
All Other Contributions (Part B)	\$ 200
TOTAL for the Reporting Period (2)	\$ 1150

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1000
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 1000

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

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 8.)	\$ 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		DATE			AMOUNT
		From	To	MO.	DAY	YEAR	
Friends of Bob Martin		6/4/15	10/18/15				
Full Name of Contributing Committee		ASBESTOS WORKERS PAC		9	30	15	\$ 250
Mailing Address		9602 ML King Highway					\$
City	State	Zip Code (Plus 4)					\$
Lanham	MD	20710-					\$
Full Name of Contributing Committee		Friends of Mike Schlussberg		9	12	15	\$ 250
Mailing Address		944 N 19th St					\$
City	State	Zip Code (Plus 4)					\$
Allentown	PA	18104-					\$
Full Name of Contributing Committee		PSSA Local 668		10	8	15	\$ 250
Mailing Address		2589 Interstate Dr					\$
City	State	Zip Code (Plus 4)					\$
Harrisburg	PA	17110-					\$
Full Name of Contributing Committee		Friends of Peter Schuyler		10	9	15	\$ 200
Mailing Address		PO BOX 4364					\$
City	State	Zip Code (Plus 4)					\$
Allentown	PA	18105-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 950

PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$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 <i>Friends of Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/19/15</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Bob Martin</i>	<i>8</i>	<i>19</i>	<i>15</i>	<i>\$ 100</i>
Mailing Address <i>1833 Kay Dr</i>				\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18106</i>				\$
<i>Kenneth Mohr</i>	<i>9</i>	<i>11</i>	<i>15</i>	<i>\$ 100</i>
Mailing Address <i>118 S Main St</i>				\$
City <i>Copersburg</i> State <i>PA</i> Zip Code (Plus 4) <i>18034</i>				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 200

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 <u>Friends of Bob Martin</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
<u>Carpenters PAC of Phila + Vicinity</u>	<u>10</u>	<u>5</u>	<u>15</u>	\$	<u>500</u>	
Mailing Address <u>1503 Spring Garden St</u>	MO.	DAY	YEAR	\$		
City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19130</u>	MO.	DAY	YEAR	\$		
<u>Int'l Union of DE Local 542 PAC</u>	<u>10</u>	<u>7</u>	<u>15</u>	\$	<u>500</u>	
Mailing Address <u>1515 Virginia Dr</u>	MO.	DAY	YEAR	\$		
City <u>Fort Washington</u> State <u>PA</u> Zip Code (Plus 4) <u>19034</u>	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1000

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ 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.)

Name of Filing Committee or Candidate <i>Friends of Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/18/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *0*

**PART E
OTHER RECEIPTS**

PAGE _____ OF _____

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.

Name of Filing Committee or Candidate <i>Friends of Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/18/15</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		--				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ *0*

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 <i>Friends of Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/18/15</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <i>709.15</i>

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.)	\$ <i>709.15</i>
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**SCHEDULE II
PART F**

PAGE _____ OF _____

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/19/15</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *0*

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

PAGE _____ OF _____

Name of Filing Committee or Candidate Friends of Bob Martin	Reporting Period From 6/9/15 To 10/8/15
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				DATE			AMOUNT
Full Name of Contributor County Government that works				MO.	DAY	YEAR	\$ 709.15
Mailing Address 1144 Sweetwood Dr				MO.	DAY	YEAR	\$
City Macungie		State PA	Zip Code (Plus 4) 18062	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution Promotional materials			
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
\$ **709.15**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Bob Martin	Reporting Period From 6/9/15 To 10/18/15
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To Whom Paid Lehigh Valley Labor Council	MO 9	DAY 8	YEAR 15	Amount \$ 15
Mailing Address 526 S Berks St	Description of Expenditure			
City Allentown	State PA Zip Code (Plus 4) 18121-			
To Whom Paid Advantage Pep LLC	MO 9	DAY 16	YEAR 15	Amount \$ 250
Mailing Address 2285 Schoenersville Rd	Description of Expenditure			
City Bethlehem	State PA Zip Code (Plus 4) 18107			
To Whom Paid LC Dems	MO 9	DAY 12	YEAR 15	Amount \$ 100
Mailing Address PO Box 3142	Description of Expenditure			
City Wescosville	State PA Zip Code (Plus 4) 18150			
To Whom Paid Advantage Pep LLC	MO 10	DAY 11	YEAR 15	Amount \$ 250
Mailing Address 2285 Schoenersville Rd	Description of Expenditure			
City Bethlehem	State PA Zip Code (Plus 4) 18107			
To Whom Paid LV Print Center	MO 10	DAY 12	YEAR 15	Amount \$ 821.50
Mailing Address 306 Broadhead Ave	Description of Expenditure			
City Bethlehem	State PA Zip Code (Plus 4) 18015			
To Whom Paid Advantage Pep LLC	MO 10	DAY 16	YEAR 15	Amount \$ 500
Mailing Address 2285 Schoenersville Rd	Description of Expenditure			
City Bethlehem	State PA Zip Code (Plus 4) 18107			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4)			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 1936.50

SCHEDULE IV 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 Filing Committee or Candidate <i>FRIENDS OF Bob Martin</i>	Reporting Period From <i>6/9/15</i> To <i>10/19/15</i>
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Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ *0*