CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name: Address: City, State, Zip:	*Marty Nothstein* *3862 Jordan Rd* *Orefield PA 18069*

Report Filed By

Candidate	*X*	Committee	

Type of Report 2015 – 2nd Friday Pre-Election	Election Date **11/03/2015**	Amended	Termination
Termination Report?			
Office Sought By Candidate	**Party**	**County**	
Lehigh County Commissioner At-Large	*R*	*Lehigh*	

Summary of Receipts & Expenditures

From:	*06/09/2015*	To:	*10/19/2015*

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)	*2,082.12*
G. Unpaid Debts & Obligations (from Schedule IV)	*0.00*

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

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
MARTY NOTHSTEIN	From 6/9/15 To 10/19/15

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)

TOTAL for the Reporting Period	(2)	$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250.00 (FROM PART G)

TOTAL for the Reporting Period	(3)	$ 2,082.13

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.)	$ 2,082.13

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

Name of Filing Committee or Candidate	Reporting Period
MARTY NOTHSTEIN	From _6/9/15_ To _10/19/15_

				DATE			AMOUNT

Full Name of Contributor: RESTORE PA

	MO.	DAY	YEAR	$

Mailing Address: P.O. Box 4464

	MO.	DAY	YEAR	$

City: ALLENTOWN **State:** PA **Zip Code (Plus 4):** 18105-4464

	MO.	DAY	YEAR	
	10	19	2015	$ 2,082.13

Employer of Contributor: PAC

Occupation:

Employer Mailing Address/Principal Place of Business:

Description of Contribution: CAMPAIGN PROMOTION

Full Name of Contributor:

MO.	DAY	YEAR	$
MO.	DAY	YEAR	$
MO.	DAY	YEAR	$

Mailing Address:

City: **State:** **Zip Code (Plus 4):**

Employer of Contributor:

Occupation:

Employer Mailing Address/Principal Place of Business:

Description of Contribution:

Full Name of Contributor:

MO.	DAY	YEAR	$
MO.	DAY	YEAR	$
MO.	DAY	YEAR	$

Mailing Address:

City: **State:** **Zip Code (Plus 4):**

Employer of Contributor:

Occupation:

Employer Mailing Address/Principal Place of Business:

Description of Contribution:

Full Name of Contributor:

MO.	DAY	YEAR	$
MO.	DAY	YEAR	$
MO.	DAY	YEAR	$

Mailing Address:

City: **State:** **Zip Code (Plus 4):**

Employer of Contributor:

Occupation:

Employer Mailing Address/Principal Place of Business:

Description of Contribution:

Full Name of Contributor:

MO.	DAY	YEAR	$
MO.	DAY	YEAR	$
MO.	DAY	YEAR	$

Mailing Address:

City: **State:** **Zip Code (Plus 4):**

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.

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PAGE TOTAL
$ 2,082.13