	CAN	MPAIGN F	INANCE REP	ORT		
	Name and Ac	ldress of Fil	ing Candidate	or Comi	nitte	e
Name:		Amanda Ho	lt			
Address:		124 Bastian	Ln			
City, State, Z	in:	Allentown P				
erej , etate, z		L	t Filed By			
		11000				
Candidate		X	Committee			
Type of Repo	rt		Election Date	Amendo	ed	Termination
2015 - 2 nd Friday Pre-Primary		Ý	05/19/2015	05/19/2015		
Termination	Report?					
	· D . G . 11.1 .		D 4	C		
Office Sough	t By Candidate	e	Party	County		
Lehigh County Commissioner At-Large			R	Lehigh		
	Sumr	nary of Rec	eipts & Expend	litures		
From: 01/01/2015 To: 05/04/2				05/04/20	015	
A. Amount Brought Forward From Last Report					0.00	
B. Total Monetary Contributions & Receipts (from Schedule I)					50.00	
C. Total Funds Available (Sum of Lines A & B)					50.00	
D. Total Expenditures (from Schedule III)					150.00	
E. Ending Cash Balance (Subtract Line D from Line C)					(100.00)	
F. Value of In-Kind Contributions Received (from Schedule II)					11,205.16	
G. Unpaid Debts & Obligations (from Schedule IV)					0.00	

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

SCHEDULE I

PAGE 2 OF ______6

50,0

(1) \$

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Aののこれの トレー T	From 1/1/15 To 5/4/15
. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$1	

TOTAL for the Reporting Period

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

The state of the s
\$
) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	PROM PART E
TOTAL for the Reporting Period (4)	the state of the s

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.)	\$ 50.00

SCHEDULE II

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	riod	
Amanoa Hour	From	115	To 5/4/15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE () F \$5 0.00 OR	LESS P	ER CONTRIBUTOR
TOTAL for the Reporting Pe	eriod (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO	\$250.00 (FRO)	U PAR	
TOTAL for the Reporting Pe	eriod (2)	\$	37.50
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G		
TOTAL for the Reporting Pe	riod (3)	\$ 11	,067.66
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.)		\$ 11	,215.16

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting F			
AMANDA HOLT	From 1/1/15 To 5/4/15			
Full Name of Contributor	DATE		AMOUNT	
Mailing Address Mailing Address Mailing Address	9		4 4	
110		YEAR	131,30	
751 BENNER ROAD			1 \$	
FLUE	DAY	YEAR	\$	
Description of Contribution: CARR FOR PETITION				
Full Name of Contributor	104 E 25 E E E	OUTSING WILL IN SUCH		
NO.	DAY	YEAR	\$	
Mailing Address MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·	
City			\$	
State Zip Code (Plus 4) .MC.	DAY	YEAR	\$	
Description of Contribution:				
Full Name of Contributor				
MO.	DAY	YEAR	\$	
Mailing Address MO.	DAY	YEAR	*	
City		TEAN	\$	
State Zip Code (Plus 4) MQ.	DAY	YEAR	\$	
Description of Contribution:			3	
Full Name of Contributor	DAY	YEAR		
Mailing Address			\$	
MO.	DAY	YEAR	\$	
City State Zip Code (Plus 4) MO.	DAY	YEAR		
Description of Contribution:		TEAN	\$	
Description of Contribution:				
Full Name of Contributor				
**MO!	DAY	YEAR	\$	
Mailing Address	DAY	YEAR		
City State Zip Code (Plus 4)			\$	
State Zip Code (Plus 4) MO.	DAY	YEAR	\$	
Description of Contribution:		1	*	
Full Name of Contributor				
Mo.	DAY	YEAR	¢	
Mailing Address			\$	
CMO:	DAY	PEAR	\$	
City State Zip Code (Plus 4) MO:	DAY	ÆAR		
Description of Contribution:			\$	
Enter Grand Total of Day 5				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions De Summary Page, Section 2.	etailed		PAGE TOTAL	
			\$ 137.50	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee of Candidate			1	Reporting		
Amanoa Hour				From _	<u> 11113</u>	<u>5</u> To <u>5/4/15</u>
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	
Resporte	-		5	4	15	\$ 11,067.66
Mailing Address	164		MO.	DAY	YEAR	\$
Auerroun	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	150	18102 -4464	4		<u></u>	4
PAL			Occupa	tion		
Employer Mailing Address/Principal Place of Business			1 -	otion of Con		Promoriod
Full Name of Contributor			Mo.		YEAR	F100-70-707
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Employer of Contributor			Occupa	tion	L	
Employer Mailing Address/Principal Place of Business			Descrip	otion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	3
Total Control			Fai y .	1	in tenn	\$
Mailing Address			Mo.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	-		*
	3	21p Code (1 105 -)		DAY	YEAR	\$
Employer of Contributor			Occupat	tion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
Employer of Contributor		_			<u> </u>	\$
			Occupat	ion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
Full Name of Contributor				100000000000000000000000000000000000000	- Company	
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEÁR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Employer of Contributor	<u> </u>	_	Occupat	lion		\$
Employer Mailing Address/Principal Place of Business						
Employer Mailing Address/Principal Place of business			Descript	tion of Cont	ribution	
						PAGE TOTAL
Enter Grand Total of Part G on Scheen Summary Page, Section 3.	dule II	, In-Kind Contribut	ions D	etailed		\$ 11,067.66
					,	

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing	Committee or Candidate				Reporting	1 Period	
	AMANDA HOLT						5 to 5/4/15
To Whom Paid				grande i gages	Latin		
Mailing Address	COUNTY OF LEHI	<i>611</i>		3	10	YEAR 1.5	\$ /90,99
City	17 S. SEVENTH S	STRE	Er		tion of Exp		
City	Augroun	State	Zip Code (Plus 4)				-
To Whom Paid	Ristore 19			MO.		YEAR	
Mailing Address	P.O. DOX 4464				ion of Exp		\$ 50.00
City	AUGMOWN	State		1	KA	ארוני	BUTION
To Whom Paid	radii.com	1777	18102 -4484	Mo.	DAY	Ven	Amount
Mailing Address							\$
City		T Crata		Descripti	ion of Exp	enditure	
		State	Zip Code (Plus 4)				
To Whom Paid				MO.	DAY	YEAR	Amount
Mailing Address				Descripti	ion of Exp	enditure	\$
City		State	Zip Code (Plus 4)	 			
To Whom Paid			-				
				MO.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Expe	enditure	1.5
City		State	Zip Code (Plus 4)	 			
To Whom Paid		Щ	_	1 m 1 - C 1 1 2 1			
Mailing Address				MO.			Amount \$
City		. <u></u>		Descriptio	on of Expe	nditure	-
	!	State	Zip Code (Plus 4)				
To Whom Paid		<u></u>		Mo.	DAY	YEAR	Amount
Mailing Address				Description			\$
City		12		D6801.p	7 01 Enp-	iditure	
		State	Zip Code (Plus 4)				
o Whom Paid			80	: Wo	DAY	YK NA	Amount
failing Address			Ţ	Description			\$
lity		State	Zip Code (Plus 4)				
			-				
nter Grand To	Atal of Evnanditures on Bar						PAGE TOTAL
	otal of Expenditures on Pag	,e 1, H	eport Cover Pag	je, Item	n D.	I	\$ 150.00