

| CAMPAIGN FINANCE REPORT | | | |
|---|--------------------------------------|------------------|--------------------------|
| Name and Address of Filing Candidate or Committee | | | |
| Name: | <i>Committee to Elect Jim Martin</i> | | |
| Address: | <i>645 Hamilton St Suite 204</i> | | |
| City, State, Zip: | <i>Allentown PA 18101</i> | | |
| Report Filed By | | | |
| Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> |
| Type of Report | Election Date | Amended | Termination |
| 2016 – Annual Report | | | |
| Termination Report? | | | |
| Office Sought By Candidate | Party | County | |
| <i>Lehigh County District Attorney</i> | <i>R</i> | <i>Lehigh</i> | |
| Summary of Receipts & Expenditures | | | |
| From: | <i>01/01/2016</i> | To: | <i>12/31/2016</i> |
| A. Amount Brought Forward From Last Report | | | <i>86,788.99</i> |
| B. Total Monetary Contributions & Receipts (from Schedule I) | | | <i>250.00</i> |
| C. Total Funds Available (Sum of Lines A & B) | | | <i>87,038.99</i> |
| D. Total Expenditures (from Schedule III) | | | <i>3,160.01</i> |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | <i>83,878.98</i> |
| F. Value of In-Kind Contributions Received (from Schedule II) | | | <i>0.00</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.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | | |
|---|---------|--------|
| Filer Identification Number | 2010370 | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | | \$ 0 |
| All Other Contributions (Part B) | | \$ 0 |
| Total for the reporting period | (2) | \$ 0 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ 0 |
| All Other Contributions (Part D) | | \$ 0 |
| Total for the reporting period | (3) | \$ 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 250 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ 250 |

**PART E
Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

| | |
|-------------------------------------|---------|
| Filer Identification Number: | 2010370 |
|-------------------------------------|---------|

| | | | | | | | |
|----------------------------|-----------|---|----|-----------------|-------|--------------------------|--------|
| Full Name | | Muhlenberg College Republicans | | | | | |
| House # | 2400 | Street Address | | Chew St | | | |
| City | Allentown | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ 100 |
| Receipt Description | | Returned check originally dated 4/29/15 | | | | | |
| Full Name | | Kelly Rooney Memorial Foundation | | | | | |
| House # | 3897 | Street Address | | Firebrick Rd | | | |
| City | Macungie | State | PA | Zip Code | 18062 | Date [MM/DD/YYYY] | \$ 150 |
| Receipt Description | | Returned check originally dated 6/3/16 | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |

**SCHEDULE III
Statement of Expenditures**

| | |
|-------------------------------------|---------|
| Filer Identification Number: | 2010370 |
|-------------------------------------|---------|

| | | | | | | | |
|---------------------|-------------------------------------|-----------------------|----------------------|-----------------|-----------------------------------|--|--------|
| To Whom Paid | James B Martin | | | | Date [MM/DD/YYYY] | \$ | 165 |
| | | | | | 10/3/2016 | | |
| House # | 3845 | Street Address | Hawthorne Dr | | Description of Expenditure | | |
| City | Center Valley | State | PA | Zip Code | 18034 | Reimburse contribution Big Brothers/ Big Sister Golf | |
| To Whom Paid | Mountainville #30 Crime Watch | | | | Date [MM/DD/YYYY] | \$ | 25 |
| | | | | | 10/3/2016 | | |
| House # | 119 | Street Address | W Wabash St | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18103 | | |
| To Whom Paid | David M Petzold Memorial Foundation | | | | Date [MM/DD/YYYY] | \$ | 500 |
| | | | | | 11/3/2016 | | |
| House # | | Street Address | PO Box 223 | | Description of Expenditure | | |
| City | Center Valley | State | PA | Zip Code | 18034 | Gold Sponsorship Beyond the Badge Gala | |
| To Whom Paid | Friends of Bob Donchez | | | | Date [MM/DD/YYYY] | \$ | 500 |
| | | | | | 11/3/2016 | | |
| House # | 377 | Street Address | Devonshire Drive | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Contribution | |
| To Whom Paid | Lehigh Valley Young Republicans | | | | Date [MM/DD/YYYY] | \$ | 250 |
| | | | | | 11/29/2016 | | |
| House # | 1544 | Street Address | W Hamilton St | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18102 | Sponsor 3rd Annual Winter Classic Cocktail Party | |
| To Whom Paid | Miracle League of the Lehigh Valley | | | | Date [MM/DD/YYYY] | \$ | 300 |
| | | | | | 11/29/2016 | | |
| House # | 4460 | Street Address | Park View Dr Apt T-8 | | Description of Expenditure | | |
| City | Schnecksville | State | PA | Zip Code | 18078 | Attend Gala 12/8/16 | |
| To Whom Paid | PA BAR- PAC | | | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | 11/29/2016 | | |
| House # | | Street Address | PO Box 186 | | Description of Expenditure | | |
| City | Harrisburg | State | PA | Zip Code | 17108 | Contribution to Bar Association Political Action Committee | |
| To Whom Paid | James B Martin | | | | Date [MM/DD/YYYY] | \$ | 966.16 |
| | | | | | 12/13/2016 | | |
| House # | 3845 | Street Address | Hawthorne Dr | | Description of Expenditure | | |
| City | Center Valley | State | PA | Zip Code | 18034 | Reimbursement PA Society Penn's Club & Parking | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|---------|
| Filer Identification Number: | 2010370 |
|-------------------------------------|---------|

| | | | | | | | |
|---------------------|---------------|---------------------------|---------------------|-----------------|-----------------------------------|---|------|
| To Whom Paid | | James B Martin | | | Date [MM/DD/YYYY] | \$ | 342 |
| | | | | | 12/28/2016 | | |
| House # | 3845 | Street Address | Hawthorne Dr | | Description of Expenditure | | |
| City | Center Valley | State | PA | Zip Code | 18034 | Reimburse Political luncheon at Lehigh Country Club 12/22 | |
| To Whom Paid | | Buckno Lisicky & Company | | | Date [MM/DD/YYYY] | \$ | 3.85 |
| | | | | | 12/30/2016 | | |
| House # | 645 | Street Address | Hamilton St Ste 204 | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18101 | Postage | |
| To Whom Paid | | Lafayette Ambassador Bank | | | Date [MM/DD/YYYY] | \$ | 8 |
| | | | | | 12/30/2016 | | |
| House # | 2005 | Street Address | City Line Rd | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Bank fees | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |