

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	<i>Marc Grammes</i>
Address:	<i>3923 Main St</i>
City, State, Zip:	<i>Slatedale PA 18079</i>

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Candidate	<i>X</i>	Committee	
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Type of Report	Election Date	Amended	Termination
2017 – 2 nd Friday Pre-Primary	05/16/2017		

Termination Report?			
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Office Sought By Candidate	Party	County
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<i>Lehigh County Commissioner Dist #1</i>	<i>R</i>	<i>Lehigh</i>
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Summary of Receipts & Expenditures

From:	<i>03/22/2017</i>	To:	<i>05/01/2017</i>
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A. Amount Brought Forward From Last Report	<i>0.00</i>
B. Total Monetary Contributions & Receipts (from Schedule I)	<i>0.00</i>
C. Total Funds Available (Sum of Lines A & B)	<i>0.00</i>
D. Total Expenditures (from Schedule III)	<i>1,700.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)	<i>(-1,700.00)</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.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate MARC J. GRAMMES	Reporting Period From 1/1/2017 To 5/1/2017
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TOTAL for the Reporting Period (1)	\$ 0.00
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Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

TOTAL for the Reporting Period (4)	\$ 0.00
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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.)	\$ 0.00
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NONE

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 MARC J. GRAMMES	Reporting Period From <u>1/1/2017</u> To <u>5/1/2017</u>
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	DATE	AMOUNT
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)		\$
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)		\$

NONE

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

PAGE TOTAL	\$ <u>0.00</u>
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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 MARC J. GRANMES	Reporting Period From 1/1/2017 To 5/1/2017
---	---

	DATE	AMOUNT
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)
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)

NONE

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

PAGE TOTAL	\$ 0.00
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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

MARIE J. GRAMMES

Reporting Period

From 11/1/2017 To 5/1/2017

Full Name of Contributing Committee				DATE	AMOUNT
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)			\$
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					\$
PAGE TOTAL					\$ 0.00

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

**PART D
ALL OTHER CONTRIBUTIONS**

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 MARC J. GRAMMES	Reporting Period From <u>1/1/2017</u> To <u>5/1/2017</u>
---	---

				DATE	AMOUNT
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					
Full Name of Contributor					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					

NONE

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

PAGE TOTAL
\$ 0.00

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 MARC J. GRAMMES	Reporting Period From <u>1/1/2017</u> To <u>5/1/2017</u>
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TOTAL for the Reporting Period (1)	\$ 0.00
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TOTAL for the Reporting Period (2)	\$ 0.00
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TOTAL for the Reporting Period (3)	\$ 0.00
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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.)	\$ 0.00
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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 MARC J. GRAMMES	Reporting Period From 1/1/2017 To 5/1/2017
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					Month	Day	Year	
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								

NONE

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

PAGE TOTAL
\$ <u>0.00</u>

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate MARC J. GRANDES	Reporting Period From <u>1/1/2017</u> To <u>5/1/2017</u>
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Full Name of Contributor	DATE	AMOUNT
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		\$
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		\$
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		\$
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		\$
Mailing Address		\$
City State Zip Code (Plus 4)		\$
Employer of Contributor	Occupation	\$
Employer Mailing Address/Principal Place of Business	Description of Contribution	

NONE

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate MARC J. GRAMMES	Reporting Period From 1/1/2017 To 5/1/2017
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)				Amount \$
Receipt Description						

NONE

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

PAGE TOTAL
\$ 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate MARC J. GRAMMES	Reporting Period From 1/1/2017 To 5/1/2017
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To Whom Paid	Date	Amount	Description of Expenditure
ANGELIQUE BAILEY CAMPAIGN FUND	4/23/17	\$ 300	DONATION / CONTRIBUTION
Mailing Address: 8647 REXTOWN ROAD			
City: SLATINGTON	State: PA	Zip Code (Plus 4): 18080-	
ANGELIQUE BAILEY CAMPAIGN FUND	4/14/17	\$ 100	DONATION / CONTRIBUTION
Mailing Address: 8647 REXTOWN ROAD			
City: SLATINGTON	State: PA	Zip Code (Plus 4): 18080-	
ANGELIQUE BAILEY CAMPAIGN FUND		\$ 500	DONATION / CONTRIBUTION
Mailing Address: 8647 REXTOWN ROAD			
City: SLATINGTON	State: PA	Zip Code (Plus 4): 18080-	
CITIZENS TO ELECT BRAD OSBORNE	1/26/17	\$ 100	DONATION / CONTRIBUTION
Mailing Address: 1460 COVENTRY ROAD			
City: ALLENTOWN	State: PA	Zip Code (Plus 4): 18104-	
COUNTY OF LEHIGH	2/05/17	\$ 100	CANDIDATE FILING FEE
Mailing Address: 17 S 7th STREET			
City: ALLENTOWN	State: PA	Zip Code (Plus 4): 18101-	
LEHIGH COUNTY REPUBLICAN COMMITTEE	2/25/17	\$ 500	LINCOLN BREAKFAST SPONSOR
Mailing Address: 1544 HAMILTON ST			
City: ALLENTOWN	State: PA	Zip Code (Plus 4): 18102-	
COMMUNICATION CONCEPTS	1/10/17	\$ 100	VOTER DATA
Mailing Address: 2906 WILLIAM PENN HIGHWAY			
City: EASTON	State: PA	Zip Code (Plus 4): 18045-	
		\$	

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

PAGE TOTAL
\$ 1700.00

**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 MARC J. GRANNES	Reporting Period From <u>1/1/2017</u> To <u>5/1/2017</u>
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Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED		\$	
City		State		Zip Code (Plus 4)	
Description of Debt					

NONE

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

PAGE TOTAL \$ <u>0.00</u>
