

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Marty Nothstein</i>			
Address:	<i>3862 Jordan Rd</i>			
City, State, Zip:	<i>Orefield PA 18069</i>			
Report Filed By				
Candidate	<i>X</i>	Committee		
Type of Report		Election Date	Amended	Termination
<i>2015 - 2nd Friday Pre-Primary</i>		<i>05/19/2015</i>		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner At-Large</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>01/01/2015</i>	To:	<i>05/04/2015</i>	
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>100.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>(100.00)</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>11,205.16</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.

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 <p style="font-size: 1.2em; margin: 0;"><i>MARTY NOTHSTEIN</i></p>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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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)	\$ <i>137.50</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>11,067.66</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>11,205.16</i>
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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 MARTY NOCHLEIN	Reporting Period From 1/1/15 To 5/4/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
LISA J. SCHELLER	3	9	15	\$ 137.50
Mailing Address 751 BENNER ROAD	MO.	DAY	YEAR	\$
City ALLEXTOWN State PA Zip Code (Plus 4) 18105-4464	MO.	DAY	YEAR	\$

Description of Contribution:
CATERING FOR PETITION SIGNING (1/4)

Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
				\$
				\$

Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
				\$
				\$

Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
				\$
				\$

Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
				\$
				\$

Full Name of Contributor	MO.	DAY	YEAR	\$
				\$
				\$
				\$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ 137.50
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SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate MARTY NOHSTEIN	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
RESTORE AA	5	4	15	\$ 11,067.66
Mailing Address c/o P.O. Box 4464	MO.	DAY	YEAR	\$
City AUGUSTOWN State PA Zip Code (Plus 4) 18105-4464	MO.	DAY	YEAR	\$
Employer of Contributor PAC	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			
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
\$ 11,067.66

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate MARTY NOSHTEIN	Reporting Period From 1/1/15 To 5/4/15
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To Whom Paid COUNTY OF LEHIGH	MO. 3	DAY 10	YEAR 15	Amount \$ 100.00
Mailing Address 17 S. 7TH STREET				
Description of Expenditure FILING FEE				
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101-2400		

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)		

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)		

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)		

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
\$ 100.00