

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Amanda Holt</i>			
Address:	<i>124 Bastian Ln</i>			
City, State, Zip:	<i>Allentown PA 18104</i>			
Report Filed By				
Candidate	<i>X</i>	Committee		
Type of Report		Election Date	Amended	Termination
2015 - 2 nd Friday Pre-Primary		05/19/2015		
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>50.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>50.00</i>
D. Total Expenditures (from Schedule III)				<i>150.00</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.

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate AMANDA HOLT	Reporting Period From <u>11/1/15</u> To <u>5/4/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 50.00

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$

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
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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 Amanda Holt	Reporting Period From 1/1/15 To 5/4/15
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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) \$ 137.50

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(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
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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 AMANDA HOLT	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 ALLEGHANY State PA Zip Code (Plus 4) 18104 -	MO.	DAY	YEAR	\$
Description of Contribution: CAMP-IN FOR PETITION				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

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 AMANDA HOLT	Reporting Period From <u>1/1/15</u> To <u>5/31/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
RESTORE PA	5	4	15	\$ 11,067.66
Mailing Address c/o P.O. Box 4464	MO.	DAY	YEAR	\$
City ALBANY	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18105-4464	MO.	DAY	YEAR	\$
Employer of Contributor PAL	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution CAMPAIGN PROMOTION			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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 AMANDA HOLT	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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To Whom Paid COUNTY OF LEHIGH	MO. 3	DAY 10	YEAR 15	Amount \$ 100.00
Mailing Address 17 S. SEVENTH STREET				
Description of Expenditure FILING FEE				
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101-2400		

To Whom Paid RESTORE PA	MO. 4	DAY 20	YEAR 15	Amount \$ 50.00
Mailing Address P.O. BOX 4464				
Description of Expenditure PPC CONTRIBUTION				
City ALLENTOWN	State PA	Zip Code (Plus 4) 18105-4464		

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
\$ 150.00