

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

File Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		ROBERT MARTIN		
Street Address		10955 May Rd.		
City	WATTSBURG	State	PA	Zip Code 16442

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/2/21	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	9/13/21	10/18/21	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	996.03	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on pages 1-4, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of October 20 21

Signature

My Commission expires October 18 2022
MO. DAY YR.

Signature of Person Submitting report

ROBERT MARTIN
Printed Name814
Area Code
218-6206
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code
Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	ROBERT MARTIN
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To Whom Paid	LOWES				Date [MM/DD/YYYY]	8/15/21	\$	114.87
House #	1930	Street Address	KEYSTONE DR.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	LUMBER FOR SIGNS		
To Whom Paid	DESANTIS SIGNS				Date [MM/DD/YYYY]	9/1/2021	\$	344.50
House #	540	Street Address	WEST 18 TH ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	POLITICAL SIGNS		
To Whom Paid	EMERALD PRINTING				Date [MM/DD/YYYY]	9/8/21	\$	416.92
House #	3212	Street Address	CHERRY ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508	POST CARD MAILERS		
To Whom Paid	TRACTOR SUPPLY				Date [MM/DD/YYYY]	9/11/21	\$	59.28
House #	750	Street Address	FARMSTEAD DR.		Description of Expenditure			
City	EDIN	State	PA	Zip Code	16412	SAND BAGS FOR SIGNS		
To Whom Paid	EMERALD PRINTING				Date [MM/DD/YYYY]	10/5/2021	\$	60.46
House #	3212	Street Address	CHERRY ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508	CARDS		
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				