

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer 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
			PA	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/23/2021	5/3/2021	
A. Amount Brought Forward From Last Report	\$	0	2021 MAY -4 AM 9:54 ERIE COUNTY VOTER REGISTRATION
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)	\$	551.04	
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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 4th day of May 2021

Signature: Jill Penney

Signature of Person Submitting report: Robert Martin

Printed Name: ROBERT MARTIN

My Commission expires MO. DAY YR. My commission expires October 4, 2022
 Commission number 1341483

Area Code: 814 Daytime Telephone Number: 218-6200

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: _____

Signature of Candidate: _____

Printed Name: _____

My Commission expires _____ MO. DAY YR. Area Code _____ Daytime Telephone Number _____

SCHEDULE III
Statement of Expenditures

File Identification Number:	
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To Whom Paid	DESANTIS SIGNS	Date [MM/DD/YYYY]	04/23/2021	\$	279.84
House #	Street Address	Description of Expenditure			
540	WEST 18 TH ST.	SIGNS			
City	State	Zip Code			
ERIE	PA	16502			

To Whom Paid	DESANTIS SIGNS	Date [MM/DD/YYYY]	04/26/2021	\$	91.00
House #	Street Address	Description of Expenditure			
540	WEST 18 TH ST.	SIGNS			
City	State	Zip Code			
ERIE	PA	16502			

To Whom Paid	DESANTIS SIGNS	Date [MM/DD/YYYY]	04/29/2021	\$	180.20
House #	Street Address	Description of Expenditure			
540	WEST 18 TH ST.	SIGNS			
City	State	Zip Code			
ERIE	PA	16502			

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			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			