

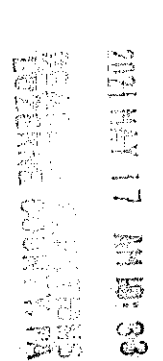
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Martin L. Dartoe Luzerne County Council							
Street Address		91 N. River St. Apt. #22							
City	Wilkes-Barre	State	PA	Zip Code	18702				

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
	03/05/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2371.70	
C. Total Funds Available (Sum of Lines A and B)	\$	2371.70	
D. Total Expenditures (From Schedule III)	\$	2371.70	
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)	\$	291.70	

Affidavit Section

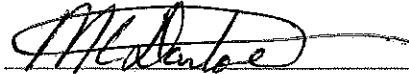
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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

_____ day of _____ 20____

Signature



Signature of Person Submitting report
Martin L. Dartoe

Printed Name

My Commission expires _____ MO. DAY YR.

570
Area Code

570-703-1290
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

Signature of Candidate

Printed Name

My Commission expires _____ MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Martin L. Dartoe	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$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)		\$ 2371.70
Total for the reporting period	(3)	\$ 2371.70
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Martin L. Dartoe
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Full Name of Contributor					Martin L. Dartoe		Date [MM/DD/YYYY]	\$	795.00
							03/05/2021		
House #	91	Street Address	N. River St. Apt #22			Date [MM/DD/YYYY]	\$	850.00	
							04/12/2021		
City	Wilkes-Barre	State	PA	Zip Code	18702	Date [MM/DD/YYYY]	\$	726.70	
							04/16/2021		
Employer Name					The Best Darn Movers		Occupation	Mover	
Employer Mailing Address / Principal Place of Business					210 Division St, Kingston, PA 18704				

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Martin L. Dartoe
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To Whom Paid		Wet Paint			Date [MM/DD/YYYY]	\$	795.00
					03/08/2021		
House #	152	Street Address	Horton St		Description of Expenditure		
City	Wilkes-BarrePA	State	PA	Zip Code	18702	Yard Signs w/ Stakes Cards Posters	
To Whom Paid		Lamar Advertising			Date [MM/DD/YYYY]	\$	850.00
					04/13/2021		
House #	700	Street Address	James Ave		Description of Expenditure		
City	Scranton	State	PA	Zip Code	18510	Advertising	
To Whom Paid		Wet Paint			Date [MM/DD/YYYY]	\$	726.70
					04/13/2021		
House #	152	Street Address	Horton St		Description of Expenditure		
City	Wilkes-Barre	State	PA	Zip Code	18702	Yard Signs w/ Stakes Cards Shirts	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	305	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			

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.

Filer Identification Number:	Martin L. Dartoe
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Name of Creditor		Wet Paint				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
152	Horton St	04/19/2021					
City	State	Zip Code					291.70
	Wilkes-Barre	PA	18702				
Description of Debt		Balance of Advertising Materials					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							