

CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or Liabilities incurred each *did not exceed \$250.00* during the reporting period.

Name and Address of Filing Candidate or Committee

Name:	<i>Bob Elbich</i>
Address:	<i>3153 Masters Hill Rd</i>
City, State, Zip:	<i>Fogelsville PA 18051</i>

Candidate	<i>X</i>	Committee	
Type of Report		Election Date	Amended
2017- 30 Day Post Election		11/07/2017	
<i>TERMINATION REPORT?</i>			
Office Sought By Candidate		Party	County
<i>Lower County Commissioner Dist # 1</i>		<i>D</i>	<i>Lehigh</i>
Cash Balance at end of Reporting Period:			0.00
Total Amount of Filer's Outstanding Debts or Liabilities at the End of Reporting Period:			0.00
From:	<i>10/24/2017</i>	To:	<i>11/27/2017</i>

*Complete reports, including signatures are on file in the Office of Voter Registration.