	CA	MPAIGN F	INANCE REP	ORT			
Name:		Elbich for 1	Lehigh				
Address:		3153 Maste					
City, State, 2	Zip:	Fogelsville	PA 18051				
Candidate			Committee			X	
Type of Report			Election Date	Amend	led	Termination	
2017 – 30 Day Post-Election			11/07/2017				
Termination	Report?						
Office Sought By Candidate		,	Party	County	ounty		
Lehigh Coun	ty Commissione	r Dist #1	D	Lehigh			
	Sumn	nary of Rec	eipts & Expend	litures			
From:	10/24/2017		To:	11/27/2	7/2017		
A. Amount B	rought Forwar	d From Las	t Report	2,639.91			
B. Total Mon	etary Contribu	tions & Rec	eipts (from Sche	dule I)	250.0	00	
C. Total Fun	ds Available (S	um of Lines	A & B)		2,889	9.91	
D. Total Expenditures (from Schedule III)					2,686.26		
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		203.6	55	
F. Value of Ir	-Kind Contrib	utions Recei	ved (from Sched	lule II)	0.00		
G. Unpaid De	ebts & Obligati	ons (from So	chedule IV)		-5,00	0.00	

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF _______

CONTRIBUTIONS AND RECEIPTS

. Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Per		
Elbich-for debign	From 10 2	7/20	017 TO 11/27/2017
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CONT	RIBL	JTOR
TOTAL for the Reporting Period	od (1)	\$	6
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	ГВ)		
Contributions Received from Political Committees (Part A)		\$	250,00
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	od (2)	\$	250.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	\circ
All Other Contributions (Part D)		\$	\circ
TOTAL for the Reporting Period	od (3)	\$	Ó
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ETC). (FI	ROM PART E)
TOTAL for the Reporting Period	od (4)	\$	0
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.)		\$	250.00

PART A

~<u>3</u>~<u>5</u>

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting		
Elbich for Lehigh				From) (JUY/2	017 TO 11 27 8017
				DATE		AMOUNT
Full Name of Contributing Committee		1 - 100	MO.	DAY	YEAR	\$ 2500
Bricklayers + Allied Kufl Mailing Address	tsmar	1 Local 5 PAC	/o	JAY DAY	බර 17 YEAR	\$ 250.00
2162 Back 11 Kt.	po+			1 40.	****	\$
2163 Berryhill Str	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Harrisbury	Pa	17104				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
-						\$
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	 	DAY	YEAR	Ŧ
City	State	Lip Code Irius 4	MO.	DAT	TEAR	\$
Cull Name of Coatribusing Committee	1		MO.	DAY	YEAR	
Full Name of Contributing Committee			1			\$
Mailing Address			MO.	DAY	YEAR :	\$
						7
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
		-			4.2	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
marring radiood						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	æ
			<u> </u>		<u> </u>	\$
Mailing Address			MO.	DAY	YEAR	\$
Fib.	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
City			1910.	7.5		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	_
Tan Hame of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
						Y
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_	7.434	- AAV	. VE III	T
Full Name of Contributing Committee			MU	DAY	YEAR	\$
Mailing Address	······································		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		***				\$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	V-AI.	s
Station Address			MO.	DAY	YEAR	
Mailing Address			mu.	y Was		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
						PAGE TOTAL
Enter Grand Total of Part A on Scho	edule	I, Detailed Summar	y Pag	e, Sectio	on 2.	\$ 250,00
						+ 400,00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period	. I
Elbich for dehigh			From 10 24/	2017 To 11/27/2017
Jenning Mening				
To Whom Paid				Amount
			MO. DAY YEAR	\$ 265.00
TTLG (Through the Loc King Glas	ss moral	λ	Description of Expenditure	¥ 8168.85
1536 Hottle Ave			Disign for	Made 5
City		ode (Plus 4)	7	
Bethlehem	Pa 18	019		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address 5		***************************************	10 25 2017	\$ 54.45
Mailing Address O			Description of Expenditure	
3900 Tilghounst.	State Zip C	ode (Plus 4)	Food for Me	+ 4 Greet
Allertain				
To Whom Paid	Ta 181	O C1.		
LV Print Center			MO. DAY YEAR	Amount \$&141.74.
Mailing Address		<u>,</u>	Description of Expenditure	301116
city 1701 Union Bludy	Suden4	•	mailers	
City				
Allertown	Pu 18	109	· ·	
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address	***************************************		10 36 2017	\$15.00
Mailing Address	. 1		Description of Expenditure	
101 Werth Ceciar Crest B	I UC)	ode (Plus 4)	Horay San	(しゃら
Allon L	R 181		O O	
Filentown To Whom Paid	1100 1	<u> </u>	MO. DAY YEAR	Amount
				\$ 15.31
Facebook Mailing Address			Description of Expenditure	¥ / 3. 2 ·
1 Hacker Way			Terryeted Ad 1	0/1-10/16/2017
	16 1 1	ode (Plus 4)	3	
Menlo Park	Ca 94	025		
To Whom Paid			MO. DAY YEAR	Amount
Kornfands Worket			11 7 2017	\$ 194 76
2228 Ola Post Bond			Description of Expenditure	-1 1 -
Gity OTO TOST NORTH	State Zip Co	ode (Plus 4)	two toc can	nparyn election
Coplay		>37	evening god	thering
To Whom Paid	10001100		MO. DAY YEAR	Amount
			ALC: VALUE OF SAME	\$
Mailing Address			Description of Expenditure	
City	State Zip C	ode (Plus 4)		

To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	\$
migring Averses			pescription or expenditura	
City	State Zip C	ode (Plus 4)		
		maker.		
				PAGE TOTAL
Enter Grand Total of Expenditures on P	age 1 Penar	Cover D	ane Item D	\$ 2686.26
Files Grand (Aras At Exhauntings Ou L	age i, nepon	COVEL P	age, item D.	■ 3 スケフィ、メヤ

PAGE 5 UF 5

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.

		1			
Elbich for Lehigh			From _/	אינועבןטין.	217 TO 11/27/2017
Name of Creditor					Outstanding Balance of De \$5000.00
Bab Elbich Mailing Address	DATE	MO.	DAY	YEAR	\$000.00
3153 Dasters Hulke	DEBT. INCURRED	<u>Mu.</u> 2	IO	JU17	
City	1 11300	State	Zip Code	(Plus 4)	
Fuge souther		Pa	18051		
Description of Debt	· C 1	· ·			
Loan to Canacaya Committee Elle	outh-tor ou	20141,			Outstanding Balance of De
Name of Creditor)			Outstanding Balance of De
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City	-	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of De
Name of Greaton					\$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
			N	-	
Description of Debt					
Name of Creditor				<u> </u>	Outstanding Balance of D
Name of Creditor					Outstanding Balance of D
	DATE	MO.	DAY	YEAR	
Mailing Address	DATE DEBT INCURRED				
	DEBT	MO.	DAY Zip Code		
Mailing Address City	DEBT				
Mailing Address	DEBT				
Mailing Address City	DEBT				\$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor	DEBT	State	Zip Code	(Plus 4)	
Description of Debt	DEBT INCURRED				\$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT	State MO.	Zip Code	(Plus 4)	\$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	\$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	S Outstanding Balance of D S
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of D \$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR	S Outstanding Balance of D S
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of D \$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR	Outstanding Balance of D \$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	MO. State	Zip Code	(Plus 4) YEAR YEAR	Outstanding Balance of D \$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code	(Plus 4) YEAR YEAR	Outstanding Balance of D \$ Outstanding Balance of D
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City	DATE DEBT INCURRED	MO. State	Zip Code	(Plus 4) YEAR YEAR	Outstanding Balance of D \$ Outstanding Balance of D \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City	DATE DEBT INCURRED	MO. State	Zip Code	(Plus 4) YEAR YEAR	Outstanding Balance of D \$ Outstanding Balance of D