

CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT				
Name:		<i>Elbich for Lehigh</i>		
Address:		<i>3153 Masters Hill Rd</i>		
City, State, Zip:		<i>Fogelsville PA 18051</i>		
Candidate		Committee		<i>X</i>
Type of Report		Election Date	Amended	Termination
2017 – ANNUAL REPORT				
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #1</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>11/28/2017</i>	To:	<i>12/31/2017</i>	
A. Amount Brought Forward From Last Report				<i>203.65</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>319.54</i>
C. Total Funds Available (Sum of Lines A & B)				<i>523.19</i>
D. Total Expenditures (from Schedule III)				<i>19.29</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>503.90</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>(-5,000.00)</i>

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Elbuch for Lehigh</i>	Reporting Period From <i>11/28/2017</i> To <i>12/31/2017</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>319.54</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period (3)	\$ <i>319.50</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

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>	\$ <i>319.50</i>
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CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

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

Name of Filing Committee or Candidate <i>Ellich for Lehigh</i>	Reporting Period From <i>11/28/2017</i> To <i>12/31/2017</i>
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				DATE			AMOUNT
Full Name of Contributing Committee <i>Armstrong Executive</i>				MO.	DAY	YEAR	\$ <i>319.54</i>
Mailing Address <i>3154 Brynwood Dr</i>				MO.	DAY	YEAR	\$
City <i>Lehigh</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18052</i>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL
\$ *319.54*

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Elbich for Lehigh	Reporting Period From <u>11/28/2017</u> To <u>12/31/2017</u>
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To Whom Paid John Yurconic	MO. 12	DAY 4	YEAR 2017	Amount \$ 15.00
Mailing Address 101 N. Cedar Crest Blvd.				
Description of Expenditure Notary Service				
City Allentown	State Pa	Zip Code (Plus 4) 18104		

To Whom Paid Act Blue	MO. 12	DAY 1	YEAR 2	Amount \$ 4.29
Mailing Address P.O. Box 441146				
Description of Expenditure Fees				
City Somerville	State Ma	Zip Code (Plus 4) 02144-2031		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 19.29

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.

Name of Filing Committee or Candidate <u>Elbich for Lehigh</u>	Reporting Period From <u>11/28/2017</u> To <u>12/31/2017</u>
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Name of Creditor <u>Bob Elbich</u>				Outstanding Balance of Debt \$ <u>5000.00</u>	
Mailing Address <u>3153 Masters Hill Rd</u>		DATE DEBT INCURRED	MO. <u>2</u>	DAY <u>10</u>	YEAR <u>2017</u>
City <u>Fogelsville</u>		State <u>Tn</u>	Zip Code (Plus 4) <u>18051</u>		

Description of Debt
Loan to Campaign Committee Elbich for Lehigh

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 5000.00