	CAN	MPAIGN F	INANCE REP	ORT			
	Name and Ac	ddress of Fi	ling Candidate	or Com	mitte	e	
Name: Address: City, State, Z	Lip:	511 East Fe Allentown F		khart			
Candidate	0.7504.4		Committee			X	
Type of Report  2016 – 2 <sup>nd</sup> Friday Pre-Primary		y	Election Date 04/26/2016	Amended		Termination	
Termination	Report?						
Office Sought By Candidate		2	Party	County	County		
Lehigh Coun	ty Controller		R	Lehigh			
	Sumn	nary of Rec	eipts & Expend	litures		, , , , , , , , , , , , , , , , , , , ,	
From:	01/01/2016		To:	04/11/2016			
A. Amount Brought Forward From Last Report					49.66		
B. Total Monetary Contributions & Receipts (from Schedule I)					0.00		
C. Total Funds Available (Sum of Lines A & B)				49.66			
D. Total Expenditures (from Schedule III)				0.00			
E. Ending Cash Balance (Subtract Line D from Line C)				49.66			
F. Value of In-Kind Contributions Received (from Schedule II)				400.00			
G. Unpaid Debts & Obligations (from Schedule IV)				(-19,215.00)			

<sup>\*</sup>Complete reports including signatures are on file in the Office of Voter Registration.

## SCHEDULE II

PAGE 2 OF 4

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate Reporting Peri	
noporting train	116 To 4/11/16
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PERIODNIRIBUTION
TOTAL for the Reporting Period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	I PART E
TOTAL for the Reporting Period (2)	\$
3IN-KIND CONTRIBUTION RECEIVED : VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 400.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 400.00

## SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				eporting	Period	6 to 4/11/16
Committee to Elect	G	1thm Eckhau	r.1	From	1111	<u>p</u> 10 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				DATE	Manager Charles Consider	AMOUNT
Full Name of Contributor Friends of	ma	we Gramnes	MO	H H	1(0	\$ 400.00
Mailing Address  MB Posl OFFice	Box	125	MO.	© <b>DÁY</b> de	YEAR	\$
Slatedale	PA	Zip Code (Plus 4) 18079 —	MO.	DAY	YEAR	\$
Employer of Contributor Unemployed	·		Occupati	on		
Employer Mailing Address/Principal Place of Business				ion of Con		N Robo Call #2
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			e MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAV	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	##JDAYE#	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	мо,	DAY	AYEATT.	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	SALAYAR.	YEAR	\$
Mailing Address			MQ.	// DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	eye are	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	ribution	
Enter Grand Total of Day C on Calar	dada i	I l. Vi. I A				PAGE TOTAL
Enter Grand Total of Part G on School Summary Page, Section 3.	aul <b>e</b> l	i, in-Kina Contributi	ons D	beliess		\$ 400.00

DSEB-502 (7-99)

## 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		Ren	orting Period		
Committee to Elect Glau	des Edd		rom	16 -	4/11/16
THE TO THE TOTAL	in Eckh	av' I j		10_	rille
Name of Creditor					Balance of Debt
GIEWN EckharT				s 17	292.75
Mailing Address 511 East Federal ST	DATE DEBT	MQ.	DAY YEAR		
city A I)	INCURRED	State 7	31   15 p Code (Plus 4)	4	
Allentonn			123 -		
Previous Debt			,,, <u>,</u>		
Name of Creditor S					
Coleww Eckhart				Outstanding \$	Balance of Debt
Mailing Address	DATE DEBT	Mo.	DAY YEAR		716116
SII East Federal ST	INCURRED	4	4 16		
Allentonn			Code (Plus 4)		
Description of Debt .	1		3103		
Pay off Robo call =	t Z Con	hmun i ac	toon (	Concepts	ς
Name of Creditor GIENN ECKHANT				Outstanding	Balance of Debt
Mailing Address	DATE			\$ 107	29.53
511 East Federal ST	DEBT	MO.	5 16	1	
City A . 1	1.1100.111.00	Stete Zir	Code (Plus 4)	-	
Allentonu Description of Debt			3/03-		
Invoice for Swear	. 4	۸,	1		
" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	100	$P_{\alpha}$	~ t		
Name of Creditor	ing bu	~ Pa	rty	Outstanding	Balance of Debt
Name of Creditor	ing ku	v Pa	rty		Balance of Debt
Name of Creditor  Mailing Address	DATE DEBT		DAY YEAR	Outstanding \$	Balance of Debt
Name of Creditor	DATE	Mo.	DAY		Balance of Debt
Mailing Address City	DATE DEBT	Mo.			Balance of Debt
Name of Creditor  Mailing Address	DATE DEBT	Mo.	DAY		Balance of Debt
Mailing Address  City  Description of Debt	DATE DEBT	Mo.	DAY	\$	
Mailing Address City	DATE DEBT	Mo.	DAY	\$ Outstanding	Balance of Debt
Mailing Address  City  Description of Debt	DATE DEBT INCURRED	Mo	DAY	\$	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED	State Zip	DAY YEAR  Code (Plus 4)	\$ Outstanding	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	DATE DEBT INCURRED	State Zip	DAY YEAR Code (Plus 4)	\$ Outstanding	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED	State Zip	DAY YEAR  Code (Plus 4)	\$ Outstanding	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED	State Zip	DAY YEAR  Code (Plus 4)	\$ Outstanding	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DATE DEBT INCURRED	State Zip	DAY YEAR  Code (Plus 4)	S Outstanding \$	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	Code (Plus 4)  YEAR  VEAR  Code (Plus 4)	S Outstanding \$	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	DAY YEAR  Code (Plus 4)	S Outstanding \$	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	Code (Plus 4)  YEAR  VEAR  Code (Plus 4)	S Outstanding \$	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  YEAR	S Outstanding \$	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  Mailing Address  City  City	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  YEAR	S Outstanding \$	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  Mailing Address  City  City	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip	Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  YEAR	Outstanding \$ Outstanding	Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  City  Mailing Address  City  City	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	State Zip  MO. Zip  MO. Zip  State Zip	Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  Code (Plus 4)	Outstanding \$ Outstanding   \$	Balance of Debt