

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Committee to Elect Glenn Eckhart</i>			
Address:	<i>511 East Federal St</i>			
City, State, Zip:	<i>Allentown PA 18103</i>			
Report Filed By				
Candidate	<i>No</i>	Committee	<i>Yes</i>	
Type of Report		Election Date	Amended	Termination
<i>2009 Annual Report</i>			<i>No</i>	<i>No</i>
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>11/24/2009</i>	To:	<i>12/31/2009</i>	
A. Amount Brought Forward From Last Report			<i>1241.52</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>500.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>1741.52</i>	
D. Total Expenditures (from Schedule III)			<i>800.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>941.52</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(5470.37)</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>Committee to Elect Glenn Eckhart</i>	Reporting Period From <i>11-24-2009</i> to <i>12-31-09</i>
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UNLIMITED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

CONTRIBUTIONS \$50.00 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)	\$

CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>500.00</i>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ <i>500.00</i>

OTHER MONETARY CONTRIBUTIONS: REFUND'S INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$

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.)	\$ <i>500.00</i>
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OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
Committee to Elect GLENW Eckhart	From 11-24-09 To 12-31-09

Full Name of Contributing Committee			DATE			AMOUNT
Friends of PAT BROWNE			MO.	DAY	YEAR	\$ 500.00
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
5940 Hamilton Blvd	PA	18101 -				
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	\$
						\$
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
\$ 500.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Committee to Elect GLENN Eckhart	Reporting Period From 11-24-09 To 12-31-09
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To Whom Paid GLENN Eckhart	MO 11	DAY 24	YEAR 2009	Amount \$ 300.00
Mailing Address 511 East Federal STREET	Description of Expenditure Pay Down Loan			
City Allentown	State PA	Zip Code (Plus 4) 18103 -		
To Whom Paid GLENN Eckhart	MO 12	DAY 24	YEAR 2009	Amount \$ 500.00
Mailing Address 511 East Federal STREET	Description of Expenditure Pay Down Loan			
City Allentown	State PA	Zip Code (Plus 4) 18103 -		
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

\$ 800.00

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

Committee to Elect Glenn Eckhart

Reporting Period

From 11-24-09 To 12-31-09

Name of Creditor

Glenn Eckhart

Mailing Address

511 East Federal

City

Allentown PA

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

ow candidates copy

Outstanding Balance of Debt

\$ 5470.37

Name of Creditor

Mailing Address

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

Outstanding Balance of Debt

\$

Name of Creditor

Mailing Address

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

Outstanding Balance of Debt

\$

Name of Creditor

Mailing Address

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

Outstanding Balance of Debt

\$

Name of Creditor

Mailing Address

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

Outstanding Balance of Debt

\$

Name of Creditor

Mailing Address

DATE
DEBT
INCURRED

MO.

DAY

YEAR

State

Zip Code (Plus 4)

Description of Debt

Outstanding Balance of Debt

\$

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

PAGE TOTAL

\$ 5470.37