#### Commonwealth of Pennsylvania

# CAMPAIGN FINANCE REPORT



(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	Report Filed By:	<b></b>	CANDIDA	TE 1.	СОММ	TIEE	2.	LOBB	YIST 3.
Name of Filing Committee Candidate or Lobbyist:	l Ec	1.6	#	of 100	- 190 10 10 10 10 10 10 10 10 10 10 10 10 10		J#		L. T. GALDE
Street Address:		Kno	uri						
511 East Federal STREE	Γ		State: A		Zìp Cod	e:	_		
Allewtown	C-2100		State: PA		181		_		
TYPE OF STH TUESDAY 1. 2ND FRIDA PRE-PRIMARY PRE-PRIMARY	ARY V		DAY OST PRIMARY	3.	AMENDA REPORT?		YES	-	NO
(place X to PRE-ELECTION PRE-ELECT		1 110	DAY	6.	TERMINA REPORT?	and the same of th	YES		NO
the right of report type)  ANNUAL  7. YEAR REPORT	, ,		NG METHO L CHECK O		PAPE	2		DISKE	
Name of Office Sought by Candidate:		7.3 *	DATE OF EL	was and been	District Number	Offic Code		Party Code	County Code
		N	O. DAY	YEAR-					
					· Factorial associations				FOR CODES
Summary of Receipts Mo. DAY		-		YEAR	Services of Control of	UH UF	-ICE-I	JSE O	VLY
and Expenditures from:	79 To	, [3	5   4   2	1009					
A. Amount Brought Forward From Last Report	\$		2 93,	17					
B. Total Monetary Contributions and Receipts (From Scho	edule I) \$		760,0	00					İ
C. Total Funds Available (Sum of Lines A and B)	\$		1053,	17					
D. Total Expenditures (From Schedule III)	\$		892.	45					
E. Ending Cash Balance (Subtract Line D from Line C)	\$		160.7	<b>λ</b>					
F. Value of In-Kind Contributions Received (From School	lule II) \$		0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$		2049.0	<b>3</b>					
	AFFIDAVIT S				· ·				in the second
PART I - If this is a Committee report, treasurer sign	here. If this	is a	Candidate	report, ca	ndidate s	ign her			
PARMamber Pennsylvania Association of Netwith date's Authorize	ad Committ		ndidata shafi	ejan ka		to the same of		Mar The In-	Total Comment
The second secon	Entrant Committee Committe	,					100	1 15	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Gity of Allentown, Lenigh County  My Commission Expires Cat. 13, 2009  Member, Pennsylvania Apacciation of Titice Building	eau of Com larrisburg, P	missi	ons, Electio 7120-0029	ns and Le	egislation 7 787–5	1 280			

DSEB-502 (7-99)

### SCHEDULE I

PAGE 2 OF \_\_\_\_\_

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee	tee or	Candidate			Reporting Period
Committee	to	Elect	GIENN	Eckhart	From 1-1-2009 To 5-4-2009

1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER	CONT	RIBL	
TOTAL for the Reporting Period	(1)	\$	235.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 325.60
All Other Contributions (Part B)	\$ 200.60
TOTAL for the Reporting Period (2)	\$ \$25.00

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

4. OTHER RECEIPTS -	REFUNDS, INTERE	ST EARNED, RETURN	LED CHECKS ET	C. (FROM PART E)
	тот	AL 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	\$ 760.00
Cover Page, Item B.)	

Reporting Period

#### PART A

# 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

Full Harme of Contributing Committee  Fill Name of Contributing Committee  Mailing Address  City  State  Full Name of Contributing Committee  Mailing Address  City  State	Committee to Elect (	SIEN	v Eckhaut	•	From _	11/20	09	To 5/4/2009
Friends					DATE			AMOUNT
City Breinigs of Contributing Committee  Full Name of Contributing Committee  Mailing Address  Full Na		lec		Mo.			\$	200.00
State   Zip Code (Plus 4)   MO.   DAY.   YEAR   S	Watting Address	7		MO.				<u> </u>
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	DSEB-502 (7-99)						**	242.00

Reporting Period

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Committee to Elect GIENN Ecki	haut	From I OI	2009 To 5/4/2009
		DATE	AMOUNT
Full Name of Contributor	3	9 200	
Mailing Address  2432 Conquess STREET  City (State   Zip Code	MO		<del></del>
A 1 /	(Plus 4) MO	DAY	
Allentown PA 18104			\$
Full Name of Contributor		DAY	<b>\$</b>
Mailing Address	## MOK	DAY YEA	\$
City State Zip Code	e (Plus 4)	DAY YEA	
	-		\$
Full Name of Contributor	MO	DAY YEA	\$
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Enter Grand Total of Part B on Schedule I, Detailed	Summary Page,	Section 2.	\$ 200.00
			٧ ٧.

Name of Filing Committee or Candidate

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		- (1 4	Reportin	g Period	a En na
Committee to Elect GLENN	<u> </u>	Eckhart	From	PFDIJO	9 To <u>5-4-09</u>
			, ,		TAmaunt.
To Whom Paid Edge Restaurant			MO. DAY	2009	\$ 792,45
Mailing Address 74 West Broad	STRA	et	Description of E	xpenditure ならしゃ	
Bethlehem	State	Zip Code (Plus 4) 18018 -	New	Yeavs	Eve Balance
To Whom Paid GIEWW Eckhart			3 6	YEAR	Amount \$ 100,00
Mailing Address 511 East Federal	ST		Description of E		.4
Allewton w	State PA	Zip Code (Plus 4)	Filah	•	
To Whom Paid	<u> </u>		MO. DA	YEAR	Amount \$
Mailing Address			Description of E	xpenditure	3
City	State	Zip Code (Plus 4)			
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Mailing Address			Description of E	expenditure	\$
City	State	Zip Code (Plus 4)			
	State	21p Code 1718s 4/			
To Whom Paid		·	MO. ZDA	YYEAR	Amount \$
Mailing Address			Description of	Expenditure	
City	State	Zip Code (Plus 4)			
To Whom Paid	<u> </u>		MO. DA	Y YEAR	Amount
Mailing Address			Description of	Expenditure	\$
City	State	Zip Code (Plus 4)		,	
To Whom Paid		<del></del>	Mo. De		Amount
Mailing Address			Description of		\$
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City	State	Zip Code (Plus 4)			
To Whom Paid . ,		S	. мо	YE VR	Amount \$
Mailing Address		·.,	Description of	Expenditure	
City	State	Zip Code (Plus 4)			
<u> </u>				_	DACE TOTAL
Enter Grand Total of Expenditures on P	age 1,	Report Cover F		).	PAGE TOTAL \$ 891,45

#### 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 Reporting Period	
Committee to Elect GIENN Eckhart From \$-1-21	001 To 5-4-
Name of Creditor GIENN Eckhart	Outstanding Balance of Debt \$ 673,75
Mailing Address 511 East Federal ST DATE DEBT INCURRED 4 14 2001	
Allewtown PA 18103 State Zip Code (Plus 4)	
Sigw 5	
Name of Creditor GIENN Eckhart	Outstanding Balance of Debt \$ 1190. 2.3
Mailing Address  511 East Federal ST DATE DEBT INCURRED 2 14 2009	
Allenton PA 18103 State Zip Code (Plus 4)	
Description of Debt Hand - outs	and the second s
Name of Creditor GIENW Eckhart	Outstanding Balance of Debt \$ 125.95
Mailing Address 511 Eust Federal ST DATE DEBT INCURRED 3 9 2009	
Allentonn PA 18103 State Zip Code (Plus 4)	
Description of Debt  Autoun(auto)	
Name of Creditor  GIENN Eckhart	Outstanding Balance of Debt \$ 60.00
Mailing Address  511 East Federal ST DATE DEBT INCURRED 3 6 2009	
Allewtown PA State Zip Code (Plus 4)	
Description of Debt Watery Sevices	

Description of Debt Name of Creditor Outstanding Balance of Debt Mailing Address

DATE

DEBT INCURRED

MO

State

YEAR

DAY

Zip Code (Plus 4)

DATE MO DAY YEAR INCURRED Zip Code (Plus 4) Description of Debt

and the property of the property of the second second party of the party of the second Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Itam G.

sevilles

PAGE TOTAL

Outstanding Balance of Debt

Name of Creditor

Mailing Address