## CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or Liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

## Name and Address of Filing Candidate or Committee

Name: Address: City, State, 2	Zip:	Bob Elbich 3153 Maste Fogelsville	ers Hill Rd		
Candidate X		Committee			
Type of Report			<b>Election Date</b>	Amended	Termination
2017- 2 <sup>nd</sup> Friday Pre-Election			11/07/2017		
TERMINAT	ION REPORT?				
Office Sought By Candidate			Party	County	
Lehigh County Commissioner Dist #1			D	Lehigh	
Cash Balance at end of Reporting Period:				0.00	
Total Amount of Filer's Outstanding Debts or Liabilities at the End of Reporting Period:				0.00	
From:	06/06/2017		To:	10/23/2017	

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