CAMPAIGN FINANCE REPORT									
Name: Address: City, State, Z	ip:	Marc J Grammes 3923 Main St Slatedale PA 18079							
Candidate		X	Committee						
Type of Repo	ort	<u>.</u>	Election Date	ate Amended		Termination			
2017 – 2 <sup>nd</sup> Friday Pre-Election			11/07/2017	NO					
Termination Report?									
Office Sought By Candidate			Party	County					
Lehigh County Commissioner Dist #1			R	Lehigh					
	Sumr	nary of Rec	eipts & Expend	litures					
From:	From: 06/06/2017		To:	10/23/2017					
A. Amount Brought Forward From Last Report						(-1,800.00)			
B. Total Mon	0.00								
C. Total Fun	(-1,800.00)								
D. Total Exp	100.00								
E. Ending Ca	(-1,900.00)								
F. Value of I	0.00								
G. Unpaid D	0.00								

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

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				R	eporting	Period ,	/ )
MARC J. GRAMNES	,				From	6/4	2017 to 16/23/2017
W C C C C C C C C C C C C C C C C C C C							
TO WHOM POID  COMMITTEE TO ELECT BOY	3621	ESMF	HJB	MO.	21	YEAR 2017	Amount DO.
Mailing Address 1060 EAST CORNAN S	TOF	27		Description	on of Exp		
Mailing Address 1060 EAST CORNON S City AUENTOWN	State	Zip Code (Plu	us 4)		<u> </u>	10) -	- Carlottina (Carlottina Carlottina Carlotti
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Plu	us 4)				
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Plu	us 4)				
To Whom Paid	<u></u>	<u> </u>		MO.	DAY	YEAR	Amount \$
Mailing Address		•		Description	on of Exp	enditure	3
City	State	Zip Code (Plu	us 4)				
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Pt	us 4)				
To Whom Paid				Mo.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Plu	us 4)				
To Whom Paid		*		MO,	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	4
City	State	Zip Code (Plu	us 4)				
To Whom Paid				MO.	DAY	YE AR	Amount \$
Mailing Address				Description	on of Expe	enditure	¥
City	State	Zip Code (Plu	us 4)				
Enter Grand Total of Expenditures on Page	ge 1,	Report Cov	er Pa	ige, Ite	m D.		PAGE TOTAL OO