	CA	MPAIGN F	INANCE REP	ORT				
Name:		Elbich for L	 Lehigh					
Address:		3153 Master						
City, State, Z	۲ip:	Fogelsville						
Candidate			Committee		X			
Type of Repo	ort	-	Election Date	Amend	ed	Termination		
2017 – ANNU	JAL REPORT							
Termination	Report?							
Office Sough	t By Candidate	е	Party	County	y			
Lehigh Coun	ty Commissione	r Dist #1	D	Lehigh	Lehigh			
	Sumn	nary of Rece	eipts & Expend	litures				
From:	11/28/2017		To:	12/31/20	2017			
A. Amount Brought Forward From Last Report					203.65			
B. Total Monetary Contributions & Receipts (from Schedule I)					319.54			
C. Total Funds Available (Sum of Lines A & B)					523.19			
D. Total Expenditures (from Schedule III)				19.29				
E. Ending Cash Balance (Subtract Line D from Line C)				503.90				
F. Value of In-Kind Contributions Received (from Schedule II)				ule II)	0.00			
G. Unpaid Debts & Obligations (from Schedule IV)					(-5,000.00)			

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Per		
Elbich for Jehryh	From 11	28/2	017 To 12/3/2017
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBU	TOR
TOTAL for the Reporting Period	년 (1)	\$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	.	
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Period	d (2)	\$	9
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		T	
Contributions Received from Political Committees (Part C)		\$	319.54
All Other Contributions (Part D)		\$	Ô
TOTAL for the Reporting Perior	d (3)	\$	319.50
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C		T	UMI KAN II J
TOTAL for the Reporting Perio	d (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.)		\$	319.50

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			R	Reporting	Period	. 1 1
Elbich-for Lehigh				From _	11/28	2017 To 12 31/2017
Q				DATE		AMOUNT
Full Name of Contributing Committee			MO:	DAY	YEAR	e 5.001
Mailing Address Mailing Address S154 Brynwood Dr City Lethitchall		······		30	2017	\$ 319.54
1. CIL Z			MO.	DAY	YEAR	\$
City Drynwoon or	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Leh, tehall	Pu	13052			<u> </u>	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	1
						\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)			4	7
City	31010	LIP Gode trius	MO.	DAY	YEAR	\$
- Committee					1	T
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1	_				7 \$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Ť						\$
Mailing Address			MO.	DAY	YEAR	\$
		Side (Blue A)			1] 3
City	State	Žip 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	
· · · · · · · · · · · · · · · · · · ·	!	-			T	1\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						1 \$
Mailing Address			MO.	DAY	YEAR	- C
City	State	Zip Code (Plus 4)	1		J.,,,,,	7
ony	3.6	21p Code (1 103 -7)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u></u>	MO.	DAY	YEAR	
Pull Name of Contributing Committee			340.	UA I	1EA0	† \$
Mailing Address			MO.	DAY	YEAR	
						\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			 	5136		
morning Adda See			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
·		_	4.0.	Poi	LEAD	\$
	نسسساء			<u> </u>	_	PAGE TOTAL
m - Out of maket at ham A an Out-					_	
Enter Grand Total of Part C on Sche	dule i,	, Detailed Summar	y Page,	Section	n 3.	\$ 319.54

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			1	Reporting		, 1
Elbich fordehigh				From _	11/28	12017 To 12/3,/2017
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address	·····		12	14	2017 penditure	\$ 15.00
Mailing Address 101 N. (edar Crest Bl.) City To Whom Paid	od.		1 .			
City	State	Zip Code (Plus 4)	 	201051	1 En	SiCK
Hilentour	State Pu	18104		,	\supset	
To Whom Paid			MO.	DAY	YEAR	Amount
Ad Blue Mailing Address			12	1	2	\$ 4.29
P.O. Box 441146			1 .	ion of Exp	penditure	
	State	Zip Code (Plus 4)	+ re	وعع	······································	
50 meruile		02144-2031				
To Whom Paid	1. /00	102147 0031	MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descript	ion of Exp	penditure	
City	State	Zip Code (Plus 4)				
	Jiele	Zip Code (Plus 4)				
To Whom Paid						
			MO.	DAY	YEAR	Amount \$
Mailing Address	***************************************	***************************************	Descripti	on of Exp	l enditure	
City	· · · · · · · · · · · · · · · · · · ·					
	State	Zip Code (Plus 4)				
To Whom Paid						
To Midni Fald			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditure	\$
City						
City	State	Zip Code (Plus 4)	1	***************************************	***************************************	
To Whom Paid						
TO WHOM Para			MO.	DAY	YEAR	Amount
Mailing Address	······································		Descripti	on of Exp	ondiaus a	\$
			Desc. iptii	on or Exp	enartare	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address	·····					\$
			Descriptio	on of Expe	enditure "	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		MO.	DAY	YE AR	Amount
Mailing Address					- 101	\$
•			Descriptio	n of Expe	inditura	
Sity	State	Zip Code (Plus 4)		······································		
		(* * * * * * * * * * * * * * * *				
enter Grand Total of Expenditures on Pag	10 1 E	lenort Cours Da	mm 14			PAGE TOTAL
,	, · · · ·	CPOIL COVEL Pa	ge, itel	πD.		\$ 19.29

PAGE 5 UF 5

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		· 1	Reporting	Period	
					DIT TO 12/31/2017
Ello, un for Lehigh				ladio	<u> </u>
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$ 5000,00
Mailing Address 3153 Marters Hill Rd	DATE	MO.	DAY		
City City	INCURRED	State	Zip Code	2011 (Plus 4)	
Pescription of Debt		Ta	1805		And the second s
Description of Debt	- C.C	- 1.1	<u></u>		
Loca to Campacy Committee El Name of Creditor	bildydd	ostn	CAN.		Outstanding Balance of Debt
	······		\mathcal{L}		\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
				•	
Description of Debt	***************************************			***************************************	- I was a second of the second
Name of Creditor					Outstanding Balance of Debt
					S Sanding Balance of Debt
Mailing Address	DATE DEBT	мо.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Dine A)	
		State	LIP COGE	\Fius +/	
Description of Debt			***************************************	***************************************	
Name of Creditor					
Halife of Orealies.					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	/D(.,, A)	
,		State	21p Coue	(Flus +/	
Description of Debt					ILLA TARRES - TOTAL TARRES - TOTAL AREA
Name of Creditor					
wame or Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
City	DEBT INCURRED	F	T Code		
,		State	Zip Code	(Plus 4)	
Description of Debt		1			
Name of Creditor					
Name of Greator					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	.
City	DEBT INCURRED				
·		State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>	<u></u>		
					!
Enter Grand Total of Unpaid Debts on Page 1, Re					PAGE TOTAL