	CA	IPAIGN FINANCE RE	PORT				
Name:		Committee to Elect Glenn E	Eckhart				
Address: City, State,	Zin·	511 E Federal St Allentown PA 18103					
Only, State,	, <u> </u>	111101110111111111111111111111111111111			<del></del>		
Candidate	;	Committee	Committee				
Type of Re	eport	Election Date	Election Date Amend				
2018 - AN	NUAL REPORT						
Terminati	on Report?						
Office Sought By Candidate		Party	County	ty			
Lehigh County Controller			Lehigh	Lehigh			
	Sumi	ary of Receipts & Exper	nditures				
From:	12/06/2018	To:	018				
A. Amount Brought Forward From Last Report					5,168.44		
B. Total Monetary Contributions & Receipts (from Schedule I)					3,700.00		
C. Total Funds Available (Sum of Lines A & B)					8,868.44		
D. Total Expenditures (from Schedule III)					1,066.74		
E. Ending Cash Balance (Subtract Line D from Line C)					7,801.70		
F. Value o	f In-Kind Contri	utions Received (from Sch	edule II)	0.00	)		
G. Unpaid Debts & Obligations (from Schedule IV)				(-17	7,135.77)		

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

#### SCHEDULE I

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

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	íod	
	From 17!	(a 18	To 12/31/18
Committee to Elect Glewn Eddart	710117	A 1.D	10 10 10 10
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	
TOTAL for the Reporting Period	j (1)	\$	<del></del>
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	<b>B</b> )		Section 1
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	200.00
TOTAL for the Reporting Period	1 (2)	\$	200.00
	·		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	3500
TOTAL for the Reporting Period	ı (3)	\$	3500
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	IECKS, ETC	. (FRON	/ PART E)
TOTAL for the Reporting Period	I (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.)		<b>3</b>	3700.00

## 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.)

Name of Filing Committee or Candidate					Reporting		
Committee to Elect	(ી(	ww	Eckhavi	Γ	From _	216/1	8 To 12 31 18
					DATE		AMOUNT
Full Name of Contributor Tom HESS				<u>мо.</u> 1 Z	DAY:	YEAR	\$ 200.00
Mailing Address 5180 Aberdene (†)	reet			MO.	DAY	YEAR	\$
5180 Aberdene St. Center Valley	State OA	Zip I Ø	Code (Plus 4) 134 –	MO.	DAY	YEAR	\$
	711	100		MO.	DAY	VEAR	
Full Name of Contributor							\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip	Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor	11			MO.	DAY	YEAR	\$
Mailing Address					DAY	VEAD	
And the second s				MO.	- BOAT	YEAR	\$
City	State	Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	
		***************************************					\$
Mailing Address				мо.	DAY	YEAR	\$
City	State	Zip	Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor	1			MO.	DAY	YEAR	
							\$
Meiling Address				MO:	DAY	YEAR	\$
City	State	Zip	Code (Plus 4)	MO.	DAY	YEAR	\$
				MO.	DAY	SERVICE SERVICE	*
Full Name of Contributor				MO		TEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip	Code (Plus 4)	MO.	DAY	YEAR	
			_				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip	Code (Plus 4)	MO.	DAY	YEAR	·
				I INIO		, , , , ,	\$
Full Name of Contributor				MO.	DAY	PAR	\$
Mailing Address				Mo.	DAY	YEAR	\$
City	State	Zip	Code (Plus 4)	-MO.	DAY	YEAR	
			-				\$
							PAGE TOTAL
Enter Grand Total of Part B on Schee	dule I,	. Detail	ed Summar	y Page	, Sectio	n 2.	\$ 200.00

DSEB-502 (7-99)

#### PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

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

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

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<del>/////////////////////////////////////</del>
5.06

DSEB-502 (7-99)

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting		- /
Committee to Elect	٤١٤)	sun Feld	cut	From <u>I</u>	2/6/	18 TO 12 31 (8
To Whom Paid Sandy Williams	,	, ,,,	MO.	DAY	YEAR	Amount \$ 110.00
Mailing Address 511 East Federa	\	STUDOT		on of Exp		
Allextour	State	Zip Code (Plus 4)	1			plies Stamps
	1 PA	18103-		nrist	mas	Couds
To Whom Paid Corsa Communic	cat	cas	MO.	on of Exp	YEAR	Amount \$ 256,74
Mailing Address 1290 Stark Road			G×	cell	SP10	ad sheet
Bethlehen	State	Zip Code (Plus 4)	, t.	Vo	ter	List
To Whom Paid Chase Slate			MO.	<u> </u>		Amount \$ 760.00
Mailing Address PO Box 15298			1 .	on of Exp	•	s + thank
Wilmington	State DE	Zíp Code (Plus 4) 19850 —	1	) S +	,	
To Whom Paid			Mo.	DAY.	YEAR	Amount \$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Descripti	on of Expe	l enditure	Ψ
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		мо.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditure	\$
City	State	Zip Code (Plus 4)				
		•••				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid		,	Mo. ···	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	nditure	\$
City	State	Zip Code (Plus 4)				
		***				
To Whom Paid			MG.	DAY	YE 4R	Amount \$
Mailing Address			Description	on of Expe	nditure	
City	State	Zip Code (Plus 4)				
	<u>-</u>					PAGE TOTAL
Enter Grand Total of Expenditures on Pag	je 1, F	Report Cover Pa	ge, Ite	m D.		\$ 1066.74

PAGE 6 OF 6

# 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 6	Hum	Filler From 12/6/	18 To 12 31 18
Name of Creditor			Outstanding Balance of Debt
Mailing Address  SII East Federal			\$ 17,135.77
Mailing Address	DATE DEBT	MO. DAY YEAR	
City .	INCURRED	State Zip Code (Plus 4)	
Allentoun 1		PA 18103	
	^		
Campaian Loan	Preun	0~}	
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE	MO. DAY YEAR	
•	DEBT INCURRED		
City		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mans Of Creation			\$
Mailing Address	DATE DEBT	MO. DAY YEAR	
	INCURRED		
City		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor		• · · • · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
			\$
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
		-	
Description of Debt			
			Outstanding Balance of Debt
Name of Creditor			\$
Mailing Address	DATE	MC. DAY YEAR	
	DEBT INCURRED		
City		State Zip Code (Plus 4)	
Description of Debt			
Description of Desc			
Name of Creditor			Outstanding Balance of Debt
			\$
		The state of the s	to the second se
Mailing Address	DATE DEBT	MO. DAY YEAR	
		MO. DAY YEAR.  State Zip Code (Plus 4)	
Mailing Address City	DEBT		
	DEBT		
City	DEBT		
City  Description of Debt	DEBT INCURRED	State Zip Code (Plus 4)	PAGE TOTAL
City	DEBT INCURRED	State Zip Code (Plus 4)	PAGE TOTAL \$ 17, 135.77