#### CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Committee to Re-Elect Glenn Eckhart Name: 511 East Federal St Address: Allentown, PA 18103 City, State, Zip: Report Filed By X Committee Candidate **Election Date Termination Type of Report** Amended 2015 – 30 Day Post Election 11/03/2015 **Termination Report?** Office Sought By Candidate Party County Lehigh County Controller R Lehigh Summary of Receipts & Expenditures 10/20/2015 11/23/2015 From: To: A. Amount Brought Forward From Last Report 382.69 B. Total Monetary Contributions & Receipts (from Schedule I) 2,550.00 C. Total Funds Available (Sum of Lines A & B) 2,932.69 D. Total Expenditures (from Schedule III) 2,826.69 106.00 E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (from Schedule II) 9,272.00 G. Unpaid Debts & Obligations (from Schedule IV) (18,585.47)

<sup>\*</sup>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	e or Candid	ate			Reporting Period
Committee	To	Elect	GIEWN	Eckhart	From 10/20/15 To 11/23/15

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIB	UTOR	
TOTAL for the Reporting Period	(1)	\$	25.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 225.00
TOTAL for the Reporting Period (2)	\$ 225,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1500.00
All Other Contributions (Part D)	\$ 800.00
TOTAL for the Reporting Period (3	\$ 2300.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS;	ΕTC	(FROM PART E)
TOTAL 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	\$ 2550.00
Cover Page, Item B.)	

## 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 Period	1
Committee to Elect GIEWW Eckhai	VT From 10 20	15 To 11 23 15
	DATE	AMOUNT
Row Clever ESG	II 2 2015	
Meiling Address 1165 Facile STVEXT	MO. DAY YEAR	\$
Mailing Address  1165 Fagle STVEXT  City Weschaulle PA 18106-	MO. DAY YEAR	\$
Full Name of Contributor Flmer Hiewel	NO. DAY YEAR	
Full Name of Contributor Elmer Hiewel  Mailing Address 9 Prospect Hill Avenue  City State Zip Code (Plus 4)	MO. DAY YEAR	
Summit State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MODEL ENDAVOE TOXECO	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributor	MO. DAY AYEAR	
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Full Name of Contributor	MANOSCO PROVINCE PAYENTE	\$ 
Mailing Address	MO. YEAR	<b>\$</b> - \$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Full Name of Contributor		\$
Malling Address	MO	<b>] \$</b>
City   State   Zip Code (Plus 4)	MAMONE SUDAY SYEAS	<b>]</b> \$
		\$
Full Name of Contributor	が終し、O 学家 355 D/ Y 48時 学後 7 デスト 25	\$
Mailing Address	MODAY	<b>\$</b>
City State Zip Code (Plus 4)	MOSI DAY EYEAR	\$
Full Name of Contributor	MO. DAY YEAR	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4) —	MODES ESPAYAD EXCARS	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 225,00

#### 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	Reporting Period	
Committee to Elect Glew Eckhar	T   From 10   2	0/15 to 11/23/15
	DATE	AMOUNT
Full Name of Contributing Committee Committee to Ekt Jim Martin	MO DAY YEAR	
Mailin Address	V 10 22 201	`
645 Hamilton STreet		\$
Allentown PA 18161 -	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO DAY YEAR	
Mailing Address . Committee to Elect Charles Deut		
PO BOX 442	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Commission	MO. DAY YEAR	3-7
Republicant Farty of Penne lycenic	MO. DAY YEAR	
Mailing Address 112 STATE STreeT	MG. DAY YEAR	
	MO DAY YEAR	
Harrisburg PA -		\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	
City   State   Zip Code (Plus 4)		\$
City State Zip 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)	A MOSE TOAY YEAR	s
Full Name of Contributing Committee		*
	MO: DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MOVE STORY STATE	
-		\$
Full Name of Contributing Committee	MO	\$
Mailing Address	MO DAY VEAR	
City   State   Zip Code (Plus 4)		<b>]</b> \$
- State Lip cook (Files 4)	MO DAY YEAR	\$
Full Name of Contributing Committee	DEMOST	
Mailing Address	MO DAY YEAR	\$
	MO. DAY YEAR	<b>†</b> \$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summar	v Paga Castina 2	
SEB-502 (7-99)	y raye, Section 3.	\$ 1500.00

# ALL OTHER CONTRIBUTIONS

PAGE 5 OF 10

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.) Name of Filing Committee or Candidate Reporting Period S to 11/23/15 ommitt **AMOUNT** DATE Full Name of Contributor DAY 10 Mailing Address MO. MO. DAY YEAR Occupation Alloine Full Name of Contributor MO. 500.00 2015 10 Mailing Address YEAR \$ Street MO. DAY YEAR **Employer Name** Occupation ncipal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City Zip Code (Plus 4) MQ. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4) DAY \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor DAY YEAR Mailing Address \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

\$ 000 DO

#### SCHEDULE II

PAGE 6 OF 10

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate  Committee to Elect Glew Eckhart From 101	20/15 to 11/23/15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	PART F)
TOTAL for the Reporting Period (2)	\$ 330 - 11
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	
TOTAL for the Reporting Period (3)	\$ 8941.89
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3: also enter on Page 1, Report Cover Page, Item F.)	\$ 9272.00

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	
Committer to Elect 616WW Eckhau	MT From 10120	21 (S/11 or 21)
	DATE	AMOUNT
Revublican Party of PA	MO. DAY YEAR	\$ 113.35
Mailing Address 112 STATE STYCET	MO. DAY YEAR	0 0 1 ( )
City   State Zip Code (Plus 4)	10 20 2015	λ.υ./φ
Marrisburg PA 17101 -		\$
Postage + Cangalan Lit		
Full Name of Contributor	MO. DAY YEAR	<u>_</u>
Mailing Address	MO. DAY YEAR	\$
		\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor		
	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Description of Contribution:		\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MOTO EDAYE PAYEAR	
City State 7:0 Code /Plus 4)		\$
Zip Code (Fius 4)	MO DAY YEAR	\$
Description of Contribution:		
Full Name of Contributor	MO. DAY YEAR	
Mailing Address		\$
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Description of Contribution:		\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	
City State Zip Code (Plus 4)		\$
	MO. DAY YEAR	\$
Description of Contribution:		
Enter Crond Total of Daw E on Daladala II I IV 10		PAGE TOTAL
Enter Grand Total of Part F on Schedule II, In-Kind Contributio Summary Page, Section 2.	ns Detailed	\$ 330.11
	Į.	+ 33U·II

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate  Committee to Elect Glew Eckha	Reporting Period From 10 20 15 To 11 23/15		
COMMITTEE TO FIRST BITTE	DATE AMOUNT		
Revublican Party of PA	10 26 15 \$ 3066 00		
Mailing Address	MO DAY YEAR S O ALL O'		
City STATE STYRET Zip Code (Plus 4)	10 20 15 3 2011,93 MO. DAY YEAR \$		
Harrisburg PA 17101 -	Occupation		
Employer of Contributor			
Employer Mailing Address/Principal Place of Business	Campaign Lit + Postage		
Full Name of Contributor Republicum Party of PA  Mailing Address  112 STATE STVEET	10 26 15 \$ 671.46		
Mailing Address 117 STATE STYRET	MO. DAY YEAR \$ 562.50		
City State Zip Code (Plus 4)	MO DAY YEAR \$		
HAVISDURG PA 17101 - Employer of Contributor	Occupation		
Employer Mailing Address/Principal Place of Business	Campaign Lit + Postage		
Full Name of Contributor	DE MOSSI SADAYER E VEAR		
Full Name of Contributor Common Sense Solution	11 9 15 \$ 2630.00		
987 Postal Road	\$		
Allentonn PA 18109 -	MOWN DAY WEAR		
Employer of Contributor	Occupation		
Employer Mailing Address/Principal Place of Business	Description of Contribution Design + Privating (2) COST		
Full Name of Contributor	MO DAY YEAR \$		
Mailing Address	MO. DAY YEAR \$		
City State Zip Code (Plus 4)	MO. PAY YEAR \$		
Employer of Contributor	Occupation		
Employer Mailing Address/Principal Place of Business	Description of Contribution		
Full Name of Contributor	MO/ DAY YEAR S		
Mailing Address	MO. DAY YEAR		
City   State   Zip Code (Plus 4)	\$ DAY YEAR		
<u> </u>	\$		
Employer of Contributor Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution		
	PAGE TOTAL		
Enter Grand Total of Part G on Schedule II, In-Kind Contribut Summary Page, Section 3.	tions Detailed \$ 8941, 89		

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### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	
	Reporting Period
Committee to Elect Gleww Eckhar	T From 10 20 15 To 11 23/15
To Whom Paid	MO. PAY YEAR Amount
Slate Chase	MO. DAY YEAR Amount 10 22 15 \$ 500.00
Mailing Address	Description of Expenditure
PO BOX 15153	Postage + Pizza Party +
Tip coce ii ida 4	Candy Parades
To Whom Paid	
Common Sense Solutions	MO: BAY YEAR Amount 10 25 15 \$ 150.00
Mailian Address	10 25 15 \$ 150.00
City All Postal Road	Pination
Allewtonn PA 18109-	
To Whom Reid	MO DAY YEAR Amount
Mailing Address	10 29 2015 \$ 50.00
206 East 2nd Street	Description of Expenditure
City State Zip Code (Plus 4)	Donation
Wind Gap PA 18091	
T- 140 P-14	MO. DAY YEAR Amount
Ply Rex Fee	11 2 2015 \$ 2.28
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	Pay Pal Fee
State Zip Code (Plus 4)	
Saw Francisco CA 94105-	
Barchay Card	MO. DAY YEAR Amount
Mailing Address	10 25 15 \$ 70.69 Description of Expenditure
17 Gy Parillian Daile	
State 7 7 Code /Plue 4)	Pavade
Northamaton PA Zip Code (Plus 4)	Supplys
To Whom Paid	MO. DAY YEAR Amount
Mailing Address  Communication Concepts	11 8 15 \$ 1292,72
2906 William Peron Highway	Description of Expenditure
City   State   Zip Code (Plus 4)	IST Robo Call
Easton State Zip Code (Pluf 4) To Whom Paid	
To Whom Paid	MO. DAY YEAR Amount
Capital ONE	MO. DAY YEAR Amount 11 3 15 \$ 211.00
Mailing Address	Description of Expenditure
P. O. Box 30229	Election night Party
C 11 1 Code (Plus 4)	
To Whom Paid A	tx pense
Communulation Consepts	MO DAY YE R Amount
Mailing Address	Description of Expenditure
2906 William Penn Highway	Survay Expenditure
State Zip Code (Plus 4)	TX YEST
tuston   PA   18045 -	' ' '
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Pa	
	1ge, Item D. \$ 2826,69

# 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 Coloww	Eckhar	T	From _	10120	115 to 11123/15
Name of Creditor GIEWW Eckhart					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$1729275
511 East Federal ST	DEBT INCURRED	10	30	15	
Allentour		State PA	21p Code 18103	e (Pius 4) –	
Description of Debt Previous Debt					
Name of Creditor Communication Conce	euts				Outstanding Balance of Debt \$ 1792.72
2906 William Penn	DATE DEBT	MO.	DAY 15	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		DA I	18045		
Robo Call #2					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Description of Desc					
					Outstanding Polymon of Poly
Name of Creditor					Outstanding Balance of Debt
	DATE DEBT	MO	DAY	YEAR	Outstanding Balance of Debt \$
Name of Creditor		State	DAY Zip Code		
Name of Creditor  Mailing Address	DEBT				
Name of Creditor  Mailing Address  City	DEBT				
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT				\$ Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DATE DEBT	State	Zip Code	(Plus 4)	S  Outstanding Balance of Debt  \$
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED	State	Zip Code	(Plus 4)	S  Outstanding Balance of Debt  S  Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR (Plus 4)	S  Outstanding Balance of Debt  S  Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED	MO	Zip Code	(Plus 4) YEAR (Plus 4)	S  Outstanding Balance of Debt  S  Outstanding Balance of Debt
Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  Mailing Address  City	DATE DEBT INCURRED	MO	Zip Code	(Plus 4) YEAR (Plus 4)	S  Outstanding Balance of Debt  S  Outstanding Balance of Debt