	CAN	MPAIGN F	INANCE REP	ORT		
	Name and A	ddress of Fi	ling Candidate	or Com	mitte	e
Name: Address: City, State, Z	ip:	511 East Fe Allentown F		khart		
Candidate			Committee			X
Type of Repo	ort		Election Date	ed	Termination	
2015 – 30 Day	0 Day Post Primary 05/19/2015					
Termination	Report?					
Office Sough	Office Sought By Candidate Party Count			County	•	
Lehigh County Controller			R	Lehigh		
	Sumi	nary of Rec	eipts & Expend	litures		
From:	05/04/2015	To: 06/08/2015				
A. Amount Brought Forward From Last Report			1	552.55		
B. Total Monetary Contributions & Receipts (from Schedule I)			edule I)	865.00		
C. Total Funds Available (Sum of Lines A & B)				1,417.55		
D. Total Expenditures (from Schedule III)			1,0750.62			
E. Ending Cash Balance (Subtract Line D from Line C)			341.93			
F. Value of In-Kind Contributions Received (from Schedule II)			300.00			
G. Unpaid Debts & Obligations (from Schedule IV) (15,192.75)			192.75)			
					L	

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

PAGE 2 OF ______

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

lame of Filing Committee or Candidate	ng Period	
Committee to Elect GIEWW Eckhart From	SHILL	115 to (e181601-
. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONTRIBU	TOR
TOTAL for the Reporting Period	(1) \$	190.00
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)	\$	675.00
TOTAL for the Reporting Period	(2) \$	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
TOTAL for the Reporting Period	(3) \$	
	<u> </u>	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS	, ETC. (FP	OM PART E)
TOTAL for the Reporting Period	(4) \$	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		

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	C 10 10 -
Committee to Elect GIEWW Eckhar	From <u>514</u>	2015 10 6 8 2015
	DATE	AMOUNT
Full Name of Contributor Erwie Kiaser	MO. DAY YEAR	\$ 100.00
Mailing Address	MO. DAY YEAR	\$
5275 Susaw Road State Zip Code (Plus 4)	MO. DAY YEAR	\tau
Cooperstown PA 19036 -		\$
Full Name of Contributor Tim Holf	MO. DAY YEAR S IS IS	\$ 100.00
Mailing Address	MO. DAY YEAR	\$
City Whitchall PA 18052-	MO. DAY: YEAR	\$
Full Name of Contributor	MO DAY YEAR	
Jim Browssurd	5 75 15	\$ 100.00
Mailing Address P. D. Box 343	MO. DAY YEAR	\$
Husten PA 1903 -	MOAD DAY YEAR	\$
	MO. DAY YEAR	
Full Name of Contributor Dino Cawtelmi Mailing Address	MO DAY YEAR () \ \ \S MO. DAY YEAR	\$ 150.00
1311 Broadway		\$
Fountair Hill PA 19015 -	MO. ZAN YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$ 75.00
Mailing Address ARIUNA Shantz	5 30 15	13.00
4745 Line Post Pike City 2 State Zip Code (Plus 4)		\$
Zipuscille State Zip Code (Plus 4) PA 1892-	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	6 45 00
Mailing Address	5 ZZ S	\$ 150.00
9 Prospect Hill Avenue		\$
Summer State Zip Code (Plus 4) NJ 0701 -	MO OAY YEAR	\$
Full Name of Contributor	MANO NO. 12 1/2/12	\$
Mailing Address	MOXIN PAYER PAYER	\$
City State Zip Code (Plus 4)	MO DAY YEAR	<u> </u>
_		\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 675.00
,	→	4 13 100

SCHEDULE II

PAGE 4 OF 7

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 (SIEWW Eckbart From 51)	од 4115 то 6/8/15
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)	\$ 300.00
3IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,	\$ 300.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Committee to E	lect	(MAM)	Elkhar		ting P m _ 5	eriod 	5 to 6/8/15	
				D#	\TE		AMOUNT	
Full Name of Contributor	<u>U550</u>	(;	M		7	YEAR 15	\$ 300.00	
Mailing Address 2246 Liberty	, 5	TreeT	M) ID.	AY	YEAR	\$	
Allertonn	State	Zip Code (Plus 1804 –	4) <u>M</u> (), Di	AY	YEAR	\$	
Employer of Contributor Self Employeed		Occi	Occupation Bar ountr					
Employer Mailing Address/Principal Place of Business Liberty Tavel V			Desc	Food + Beverage				
Full Name of Contributor			₽ M(). _D,	AY .	YEAR	\$	
Mailing Address			M). 0,	A.V	YEAR	\$	
City	State	Zip Code (Plus —	4) M(D.	Q.Y	YEAR	\$	
Employer of Contributor	<u> </u>		Occi	pation				
Employer Mailing Address/Principal Place of Business			Desc	ription of	Contri	ibution		
Full Name of Contributor			₹ Mc). D)	4Y	YEAR	\$	
Mailing Address			M), D,	8Y	YEAR.	\$	
City	State	Zip Code (Plus —	4) MC	0,	NY :	YEAR	\$	
Employer of Contributor	<u> </u>		Occu	pation	I	I		
Employer Mailing Address/Principal Place of Business			Desc	ription of	Contri	bution		
Full Name of Contributor			Mc	D)	YY	YEAR	\$	
Mailing Address			EEAMG	. 0/	(Y is	YEAR	\$	
City	State	Zip Code (Plus	4) MC)	(Y	YEAR	\$	
Employer of Contributor			Occu	pation		<u>-</u>		
Employer Mailing Address/Principal Place of Business			Desc	ription of	Contri	bution		
Full Name of Contributor			MC	, עם פיים איני יים פיים איני	Y .	YEAR	\$	
Mailing Address			MC	. 64	Y E	YEAR	\$	
City	State	Zip Code (Plus -	4) <u>MC</u>	. 64	VY .	YEAR	\$	
Employer of Contributor			Occu	oation	<u>-</u>			
Employer Mailing Address/Principal Place of Business			Desci	iption of	Contril	bution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

S 200.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Connittee to Elect Glow EckhourT	From 514/15 To 6/8/15
	Mo DAY YEAR Amount
Salisbury Township	\$ 25.00
Mailing Address 2900 South Pike Avenue	Park Rental
Allertons State Zip Code (Plus 4) PA 1803 -	
To Whom Paid Salisbury Tonnship	MO: BAY YEAR Amount \$50.00
Mailing Address 2900 South Pike Abeure	Description of Expenditure Rev K DC.Pos.+
Allentonia PA 18103 -	Nav K. Service
To Whom Paid Chase	MO DAY YEAR Amount \$ 88 47
P.O. Box 15123	Flowers Liberty EvenT
Wilmington DE 19850	
To Whom Paid Allentoun Flag Day ASSOC	**MO PAY YEAR Amount \$ 65.00
Mailing Address	Diver + Sponsor
City State Zip Code (Plus 4)	
To Whom Paid Cantal One	MO DAY YEAR Amount \$ 15.00
P 0 Box 36779	Description of Expenditure Wotary Service
Salt Lake City UT State Zip Code (Plus 4) UT Syl30	
To Whom Paid US Postal Service Postage	MO: DAY YEAR Amount \$ 832.15
Meiling Address 1000 Postal Road	Description of Expenditure Summer Picki
Allentonn Paid To Whom Paid	i
To Whom Paid	Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MO PAN AKER Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover I	Page, Item D. \$ 1075.62

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.

Committee to Elect GLEV	uw Eckl	nurt	Reporting From _	Period 5141	15 TO 6/8/15
Name of Creditor GIEWW Eckhart					Outstanding Balance of Debt \$ LS (97.75
Allentonn	DATE DEBT INCURRED	State	Zip Code		
Description of Debt Previous DebT		11111	1 010		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO,	DAY	YEAR	lager than the lager exclusion
City Description of Debt		State	Zip Code	(Plus 4) -	
Name of Creditor					
Mailing Address					Outstanding Balance of Debt \$
City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR	
Description of Debt	-	0.0.0			
Name of Creditor					Outstanding Palance of D. I.
Mailing Address	DATE	MO.	DAY	YEAR	Outstanding Balance of Debt \$
City	DEBT INCURRED	State	Zip Code		
Description of Debt		<u></u>			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Fator Crond Total City 117					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover P	age, It	em G.		\$