	CAN	APAIGN I	FINANCE REP	ORT			
	Name and Ac	dress of F	iling Candidate	or Com	nitte	e	
Name: Address: City, State, Z	ip:	Glenn Eckhart 511 East Federal St Allentown PA 18103 Report Filed By					
Candidate		X	Committee				
<b>Type of Report</b> 2016 – 2 <sup>nd</sup> Friday Pre-Primary		Election Date 04/26/2016	Amended		Termination		
Termination	Report?						
Office Sought By Candidate			Party	County	County		
Lehigh County Controller			R	Lehigh			
	Sum	mary of Re	ceipts & Expend	litures			
From:	01/01/2016		To:	04/11/2016			
A. Amount Brought Forward From Last Report					(-17,292.75)		
B. Total Monetary Contributions & Receipts (from Schedule I)					0.00		
C. Total Funds Available (Sum of Lines A & B)					(-17,292.75)		
D. Total Expenditures (from Schedule III)					1,922.25		
E. Ending Cash Balance (Subtract Line D from Line C)					(-19	,215.00)	
F. Value of In-Kind Contributions Received (from Schedule II)					0.00		
G. Unpaid Debts & Obligations (from Schedule IV)					0.00	)	
		•	re on file in the Ot	0.1.1		• . •	

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

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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting F	eriod
Committee to Elect Glen	n Eckhar		1116 To 4/11/16
To Whom Paid		MO. DAY	YEAR Amount
LOAN to Campaign	•	Description of Expe	16 \$ 1029.53
Mailing Address 511 East Federal Str	eet	I . ' . ' .	o CampuigW
City Allentonn PA	Zip Code (Plus 4)		• •
	18103 -	MO. DAY	Amount
Loan to Campaign	,	4 4	16 \$ 812.12
Meiling Address SII East Federal ST	VICT	LOW	to Lampaign
City Allentown PA	Zip Code (Plus 4) 19103 -		
To Whom Paid		MO. DAY	YEAR
Mailing Address		Description of Expe	\$ nditure
City State	Zip Code (Plus 4)		
	-		
To Whom Paid		MO. DAY	
Mailing Address		Description of Expe	S nditure
City State	Zip Code (Plus 4) —		
To Whom Paid		MO. DAY	YEAR Amount \$
Mailing Address		Description of Expe	
City State	Zip Code (Plus 4)		
To Whom Paid		MO. DAY	YEAR Amount
			\$
Mailing Address		Description of Expe	nditure
City State	Zip Code (Plus 4)		
To Whom Paid		MO. DAY	YEAR Amount
Mailing Address		Description of Expe	
City State	Zip Code (Plus 4)		
To Whom Paid	_	Monte	Amount
			\$
Mailing Address		Description of Expe	nditure
City State	Zip Code (Plus 4)		
	-		
Enter Grand Total of Expenditures on Page 1,	Report Cover P	aga itam D	PAGE TOTAL
Line Grand I Vial OF Expenditures on Fage 1,	neport cover Pa	aye, item D.	\$ 1922,25

DSEB-502 (7-99)

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