	CAMPAIGN	FINANCE REP	ORT	· · · · · · · · · · · · · · · · · · ·		
Name	and Address of	Filing Candidate	or Com	nitte	e	
Name: Address: City, State, Zip:	511 E Fe Allentow	Committee to Elect Glenn Eckhart 511 E Federal St Allentown PA 18103 Report Filed By				
Candidate		Committee	Committee			
Type of Report		Election Date	Amended		Termination	
2016 – Annual Repo	ort					
Termination Repor	rt?					
Office Sought By Candidate		Party	County			
Lehigh County Controller		R	Lehigh			
	Summary of I	Receipts & Expend	litures	 		
From: 11/2	7/2016	To:	12/31/2016			
A. Amount Brought Forward From Last Report				359.94		
B. Total Monetary Contributions & Receipts (from Schedule I)				700.00		
C. Total Funds Available (Sum of Lines A & B)				1,059.94		
D. Total Expenditures (from Schedule III)			158.00			
E. Ending Cash Balance (Subtract Line D from Line C)			901.94			
F. Value of In-Kind Contributions Received (from Schedule II)			0.00			
G. Unpaid Debts &	Cobligations (from	m Schedule IV)		(-18	3,076.00)	

^{*}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		
The porting 7 cm		16 10 12 31/16
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	TRIBI	JTOR
TOTAL for the Reporting Period (1)	\$	0
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)	\$	700.00
TOTAL for the Reporting Period (2)	\$	700.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	<u> </u>
TOTAL for the Reporting Period (3)	\$	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	: (FI	ROM 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 Cover Page, Item B.)	\$	700.00

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	Re	eporting I	Period	
Committee to Elect Glewn Eckh	arT	From	1301	16 To 12/31/16
		DATE		AMOUNT
Mallie Address ARLand Schaw TZ	MO.	3 <i>0</i>	YEAR	\$ 100.00
Maining Address	MO	DAY	16 YEAR	100.00
City 7 LinePort Pike State Zip Code (Plus 4)				\$
Zionsville PA 18092-	MO.	DAY	YEAR	\$
Full Name of Contributor, Rob Bewwett	MO.	DAY	YEAR	\$ 252.00
Mailing Address	12 .om	Q DAY	2016 YEAR	730.00
City I State I 7:- C-1- City	Mo.	DAY	YEAR	\$
Allentour PA 18104 -	33 33 43 43 43 43 43	A	MAG-7A11 (RE	\$
Full Name of Contributor Bill Heyd+	MO.	DAY	YEAR	\$ 100.00
marting Address	12 Mo.	DAY	16 YEAR	100.00
2505 Houghton Lean City State Zip Code (Plus 4)			2010 A 17 10 10	\$
Macungie State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Evil Name of Constitute	MO	DAY	veva.	3
krith Paulack	12.	17	YEAR 10	\$ 250.06
Mailing Address 5887 Lindbergs	Mo.	DAY	YEAR	\$
State Zip Code (Plus 4)	Mo.	DAY	YEAR	*
Full Name of Contributor		NOT VIVE A		\$
run Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	Mo.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
-				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Malling Address	MO.	DAY	YEAR	
City State Zip Code (Plus 4)				\$
Siete Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	
Cin.				\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	_
Mailing Address	MO.	DAY	VEAR	\$
Cit.	**************************************	- PAI	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, S	ection	2.	\$ 700.00
OSEB-502 (7-99)	_			

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Committe to Elect Gleuw Eckhau	T From 11/30/16 To 12/31/16
To Whom Paid Allentown Rescue Mission	MO: DAY YEAR Amount \$ 25.00
Mailing Address 355 Hamilton Street	Description of Expenditure
Allertonn State Zip Code (Plus 4) PA 1911 -	
To Whom Paid Citzens for BROWNE	MO: PDAY YEAR Amount 17 16 \$ 25.00 Description of Expenditure
Mailing Address 3320 Hamilton Blud	Do nation
Allentour PA 1863 -	
To Whom Poid Friends of Melissa Paulock	MO DAY YEAR Amount 12 7 16 \$50.00 Description of Expenditure
1908 Allew ST	Donat 12 W
Allentony PA 18104 -	
To Whom Paid LUYR	12 7 16 \$ 50.00
Mailing Address	Description of Expenditure Donating
City State Zip Code (Plus 4)	
To Whom Paid BRAT	MG DAY YEAR Amount 12 36 16 \$ 0.00
Mailing Address 1504 South 4th STVCET City State 7 To Code (Plus 4)	Description of Expenditure CANAL FEL
Allentona PA 1803-	
To Whom Paid	MG DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4) —	
To Whom Paid	MO DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MO PAY VEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. PAGE TOTAL
·	· 1.211.V()

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		
Committee to Elect G16wi	Eckh	avT	From _	1/30/1	6 TO 12/31/16
Name of Creditor GIEWW Eckhart					Outstanding Balance of Debt \$ 18076.06
Mailing Address 511 East Federal ST	DATE DEBT INCURRED	MO.	DAY	YEAR	
Allentonn PA 18	_	State	Zip Code	(Plus 4)	
Description of Debt	211/3	<u> </u>			
Name of Creditor					Outstanding Delegan of D. Li
					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	Mo.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u>l</u> l.			
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		11			L. San
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		11			
Name of Creditor					0
Mailing Address					Outstanding Balance of Debt \$
	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u></u>			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	T				\$
mating Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt	Milet	<u> </u>			
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover P	Page, It	em G.		\$ 18.076.00
					177,010,00