

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Bob Elbich</i>			
Address:	<i>3153 Masters Hill Rd</i>			
City, State, Zip:	<i>Fogelsville PA 18051</i>			
Candidate	<i>X</i>	Committee		
Type of Report	Election Date	Amended	Termination	
2017 – 2 nd Friday Pre-Primary	05/16/2017			
Termination Report?				
Office Sought By Candidate	Party	County		
<i>Lehigh County Commissioner Dist #1</i>	<i>D</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>01/01/2017</i>	To:	<i>05/01/2017</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>0.00</i>	
D. Total Expenditures (from Schedule III)			<i>5,000.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>(-5,000.00)</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Bob Elbich	Reporting Period From 9/01/2017 To 05/01/2017
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To Whom Paid Elbich for Lehigh Committee	MO. 2	DAY 10	YEAR 2017	Amount \$5000.00
Mailing Address 3153 Masters Hill Road				
Description of Expenditure				
City Fogelsville	State Pa	Zip Code (Plus 4) 18051		
Loan to Elbich for Lehigh Committee				

To Whom Paid	MO.	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.	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.	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.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 5000.00