

## CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT			
Name:		<i>Elbich for Lehigh</i>	
Address:		<i>3153 Masters Hill Rd</i>	
City, State, Zip:		<i>Fogelsville PA 18051</i>	
<b>Candidate</b>		<b>Committee</b>	<i>X</i>
<b>Type of Report</b>		<b>Election Date</b>	<b>Amended</b>
2018 – ANNUAL REPORT			<b>YES</b>
<b>Termination Report?</b>			
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>
<i>Lehigh County Commissioner Dist #1</i>		<i>D</i>	<i>Lehigh</i>
<b>Summary of Receipts &amp; Expenditures</b>			
<b>From:</b>	<i>01/01/2018</i>	<b>To:</b>	<i>12/31/2018</i>
<b>A. Amount Brought Forward From Last Report</b>			<i>503.90</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>0.00</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>503.90</i>
<b>D. Total Expenditures (from Schedule III)</b>			<i>431.84</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>72.06</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>0.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>(-5,000.00)</i>

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

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Elbich for Lehigh</i>	Reporting Period From <i>1/1/2018</i> To <i>12/31/2018</i>
---	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period	(2) \$ <i>0</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period	(3) \$ <i>0</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>0</i>
---	-------------

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Eibach for Design</i>	Reporting Period From <i>1/1/2013</i> To <i>12/31/2013</i>
---	---

To Whom Paid <i>Act Blue</i>	MO. <i>1</i>	DAY <i>9</i>	YEAR <i>2013</i>	Amount <b>\$ .50</b>
Mailing Address <i>P.O. Box 441146</i>				
Description of Expenditure <i>Fees for account</i>				
City <i>Somerulle</i>	State <i>Ma</i>	Zip Code (Plus 4) <i>02144-0331</i>		

To Whom Paid <i>Act Blue</i>	MO. <i>2</i>	DAY <i>9</i>	YEAR <i>2013</i>	Amount <b>\$ 1.00</b>
Mailing Address <i>P.O. Box 441146</i>				
Description of Expenditure <i>Fees for account</i>				
City <i>Somerulle</i>	State <i>Ma</i>	Zip Code (Plus 4) <i>02144-0331</i>		

To Whom Paid <i>Act Blue</i>	MO. <i>3</i>	DAY <i>9</i>	YEAR <i>2013</i>	Amount <b>\$ .50</b>
Mailing Address <i>P.O. Box 441146</i>				
Description of Expenditure <i>Fees for account</i>				
City <i>Somerulle</i>	State <i>Ma</i>	Zip Code (Plus 4) <i>02144-0331</i>		

To Whom Paid <i>Squarespace</i>	MO. <i>4</i>	DAY <i>16</i>	YEAR <i>2013</i>	Amount <b>\$ 20.00</b>
Mailing Address <i>225 Varick St 12<sup>th</sup> Floor</i>				
Description of Expenditure <i>Website</i>				
City <i>New York City</i>	State <i>NY</i>	Zip Code (Plus 4) <i>10014-</i>		

To Whom Paid <i>Squarespace</i>	MO. <i>5</i>	DAY <i>9</i>	YEAR <i>2013</i>	Amount <b>\$ 144.00</b>
Mailing Address <i>225 Varick St 12 Floor</i>				
Description of Expenditure <i>Website</i>				
City <i>New York City</i>	State <i>NY</i>	Zip Code (Plus 4) <i>10014-</i>		

To Whom Paid <i>Susan Wilder for Congress</i>	MO. <i>10</i>	DAY <i>31</i>	YEAR <i>2013</i>	Amount <b>\$ 150.00</b>
Mailing Address <i>1636 N. Cedar Crest Blvd # 183</i>				
Description of Expenditure <i>Political Contribution</i>				
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18104-</i>		

To Whom Paid <i>Friends of Mark Pinsley</i>	MO. <i>11</i>	DAY <i>2</i>	YEAR <i>2013</i>	Amount <b>\$ 100.00</b>
Mailing Address <i>1855 Valley Forge Road</i>				
Description of Expenditure <i>Political Contribution</i>				
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18104-</i>		

To Whom Paid <i>Weis Food Market</i>	MO. <i>11</i>	DAY <i>7</i>	YEAR <i>2013</i>	Amount <b>\$ 15.84</b>
Mailing Address <i>7801 Glenhurst West Dr</i>				
Description of Expenditure <i>Refreshments - for political meeting</i>				
City	State <i>Pa</i>	Zip Code (Plus 4) <i>18051-</i>		

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

<b>PAGE TOTAL</b>
<b>\$ 431.84</b>

# 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 <i>Eibach for Lehigh</i>	Reporting Period From <i>11/1/2013</i> To <i>12/31/2013</i>
---	--

Name of Creditor <i>Robert Eibach</i>				Outstanding Balance of Debt \$ <i>5000.00</i>	
Mailing Address <i>3153 Masters Hill Rd</i>	DATE DEBT INCURRED	MO. <i>2</i>	DAY <i>10</i>	YEAR <i>2017</i>	
City <i>Fogelsville</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18551</i>			
Description of Debt <i>Loan to Campaign Committee</i>					

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	
City	State	Zip Code (Plus 4)			
Description of Debt					

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	
City	State	Zip Code (Plus 4)			
Description of Debt					

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	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL \$ <i>5000.00</i>
---	--	--	--	--	---------------------------------