	CAN	MPAIGN F	FINANCE REF	PORT		
	Name and Ac	ldress of Fi	ling Candidate	or Com	mitte	e
Name: Address:		Brace for L 227 N 9 th Si			-	
City, State, 2	Zip:	Allentown 1	PA 18102			
		Repo	rt Filed By			
Candidate			Committee		1.000	X
Type of Rep	ort 2 nd Friday P	re Election	Election Date	Amend	led	Termination
			11/05/2013			
Office Sough	nt By Candidate		Donato	C		
Office Sough	it by Candidate	;	Party	County	7	
Lehigh Count	ty Commissioner	· Dist #4	D	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	06/19/2013		To:	10/21/2	013	
A. Amount B	Brought Forwar	d From Las	t Report	<u> </u>	2,222.98	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	3,650	0.00
C. Total Fun	ds Available (S	um of Lines	A & B)		5,872	2.98
D. Total Exp	enditures (from	Schedule II	II)		5,250	0.00
E. Ending Ca	ish Balance (Su	btract Line	D from Line C)		622.9	08
F. Value of Ir	1-Kind Contrib	utions Recei	ved (from Sched	ule II)	65.00)
G. Unpaid De	ebts & Obligati	ons (from So	chedule IV)	3173	0.00	

^{*}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	94	Reporting Peri	ю 13 то 10/21/	13
	J		, ,	
THE UNITEMIZED CONTRIBUTIONS AND RECEIP	TS - \$50.00 OR LES!	S PER CONT	RIBUTOR	
TOTAL f	for the Reporting Period	od (1)	\$ 0	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM	A PART A AND PART	3)		
Contributions Received from Political Committee			s 0	
All Other Contributions (Part B)			\$ 150	
TOTAL f	for the Reporting Period	od (2)	\$ 150	
3. CONTRIBUTIONS OVER \$250.00 FROM PA	RT (CAND PART D)		and the second s	
Contributions Received from Political Committee	es (Part C)		s Ø	
All Other Contributions (Part D)			\$3,500	
TOTAL f	for the Reporting Period	od (3)	\$ 13,500	
4. OTHER RECEIPTS - REFUNDS, INTEREST	EARNED, RETURNED C	HECKS, ETC		_
TOTAL 1	for the Reporting Period	od (4)	5 Bloods 9	ク
			/	
TOTAL MONETARY CONTRIBUTIONS AND RE THIS REPORTING PERIOD (Add and enter amou Boxes 1, 2, 3 and 4; also enter this amount of Cover Page, Item B.)	int totals from		\$ 3,650	

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	í	1	Reporting Period	1 - 1 - 1 -
Name of Filing Committee or Candidate Scace Le	hig	j h	From <u>6//9</u>	1/13 to 10/21/13
			DATE	AMOUNT
Full Name of Contributing Committee	V		MO. DAY YEAR	\$
Mailing Address		***************************************	MO DAY VEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributing Committee			HER MOTOR BENEFIT WAS A SALE	
Mailing Address			MO. DAY YEAR	\$ _{\$}
City	State	Zip Code (Plus 4)	MO. DAY YEAR	
Full Name of Contributing Committee		_	AMONIN PROPERTY OF THE PROPERT	
-				\$
Mailing Address			MO. DAY YEAR	\$
City	State	Zip Code (Plus 4) —	MO DAY YEAR	\$
Full Name of Contributing Committee			MO DAY	\$
Mailing Address			MO. MA DAYAM MYEAR	\$
City	State	Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee			MG/SS DAY S	\$
Mailing Address			MO DAY YEAR	s
City	State	Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee			###MONES ###O/AVAN NAVIEAS	
Mailing Address			MO. DAV. YEAR	\$
City	State	Zip Code (Plus 4) —	MO DAY YEAR	s
Full Name of Contributing Committee			MO	
Mailing Address			MO DAY YEAR	s
City	State	Zip Code (Plus 4)	MO OAY YEAR	\$
Full Name of Contributing Committee			組織入した機能 総務・ソン 組織 の本ン・ノン、名	
Mailing Address			MO YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY YEAR	\$
	L			PAGE TOTAL
Enter Grand Total of Part A on Sched	ule I,	Detailed Summar	y Page, Section 2.	\$

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.)

Brace fer Le	ehigh	From 4/9/	13 to 10/21/13
		DATE	ambunt
Full Hame of Contributor Sara Jane Braye		MO DAY YEAR 13	\$ 150
Full Hame of Contributor Sava Jane Brace Mailing Address 274 N 913 5t		MO DAY YEAR	
227 N 915 SF			\$
City Allentown P/	16 Zip Code (Plus 4)	MG. DAY YEAR	\$
Full Name of Contributor		MO) W DAY WYEAR	\$
Mailing Address		MO. DAY YEAR	
			\$
City	te Zip Code (Plus 4)	MO, DAY YEAR	\$
Full Name of Contributor			\$
Mailing Address		MO. DAY YEAR	
			\$
City	te Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributor		MG. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
			\$
City	te Zip Code (Plus 4) —	MG. DAY YEAR	\$
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO DAY AYEAR	
			\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor			
			\$
Mailing Address		M02 DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	_
			\$
Full Name of Contributor		MOXE STOAY	\$
Mailing Address		MO- DAY YEAR	\$
City Sta	te Zip Code (Plus 4)		7
		Mo. DAY YEAR	\$
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
Cia			\$
City	te Zip Code (Plus 4) —	MO. DAY YEAR	\$
			PAGE TOTAL
Enter Grand Total of Part B on Schedule	I, Detailed Summary	/ Page, Section 2.	s 150

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Race Vace V	ehr	gh	l n	eporting From 6	Period/	3 to 10/21/17
		7		DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MÓ.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee		-	Mo.	DAY	YEAR	\$
-	·					\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		***************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zìp Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1 1		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				
Enter Grand Total of Part C on Sche	dule i,	Detailed Summar	y Page,	Section	า 3.	\$

ALL OTHER CONTRIBUTIONS

PAGE OF 12

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Cardidate		Reporting	~ I ~ I	1 1 -
Brace ter Lehigh		From <u>(</u>	1	3 TO 10/21/13
		DATE		AMOUNT
Full Name of Contributor		MO. DAY	YEAR	\$ 2000
Brad Oshorne Mailing Address		NO. DAY	YEAR	7
1480 Coventor RD				\$ '
Allentonn State Zip	Code (Plus 4)	MO. DAY	YEAR	\$
Employer Name	.9	Occupation		Ψ
GEO Manyactury		Plant.	Mar	ade
Employer Mailing Address/Principal Place of Business 2409 11 (Pda (Kez)	Bluck	Allentonn	P.4	18104
Full Name of Contributor		MO. DAY	YEAR 2013	\$ 10-000
Mailing Address		MO. DAY	YEAR	1000
4059 B Fredersburg Rd				\$ '
City Stote Zip	Code (Plus 4) 4 7 -	MO. DAY	YEAR	\$
Employer Name	7 7	Occupat <i>ir</i> on /		3
Dotired		1 11 11	red	
Employer Mailing Address/Brincipal Place of Business				
Full Name of Contributor		MO. DAY	YEAR	\$
Mailing Address		MO. DAY	YEAR	3
maining Address		The state of the s		\$
City State Zip	Code (Plus 4)	MO. DAY	YEAR	\$
Employer Name		Occupation		Ψ
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor		MO. DAY	YEAR	
Pull Name of Contributor				\$
Mailing Address		MO. DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO DAY	YEAR	
	_	Supplied 1.1 Supplied Supplied 1.4 Supplied Supp		\$
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business				
Employed maring Address Timorphic Flave of Susmess				
Full Name of Contributor		MO. DAY	YEAR	~
Mailing Address		and the state of t		\$
muring Address		MO. DAY	YEAR	\$
City State Zip	Code (Plus 4)	MO. DAY	YEAR	\$
Employer Name		Occupation		
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 3,500

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

lame of Filing Committee or C	andidate Lehidh		Reporting Po	egiod 1913 to 10/21/1
<i>()</i>				
II Name				
ailing Address				
ity	State	Zip Code (Plus 4)	MO. DAY	YEAR
		_		\$
eceipt Description				
uli Name				
failing Address				
•••	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
City	State	Zip Code (Fids 4)		\$
eceipt Description				
ull Name				
Mailing Address				
warming Address				
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR Amount
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
Receipt Description	LL			3
full Name				
uli Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
Receipt Description		_		\$
Receipt Description				
ull Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
,				\$
Receipt Description				
				PAGE TOTAL
Enter Grand Total of Par	. F Och a dota 1	D. (. !! O		. (/)

SCHEDULE II

PAGE 5 OF 2

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 of Candidate Reporting Per From 0/1	19/13 To 10/21/13
V	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR I	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1)	s ()
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	(PART F)
TOTAL for the Reporting Period (2)	\$ 65
3. IN-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, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 65

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		<i>T</i> ()	Reportin	g Period	
brace te		Le high	From	6//9/11	то <u>iC/21/13</u>
			DATI	Ε	AMOUNT
Full Name of Contributor Brace			MO. DAY		\$ 66
Mailing Addrage			MO. DAY	YEAR	
555 313 N 10 5	<u>5+</u>				\$
Allenbern	PH	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution: web Hosting		C genses	June -	Oct	
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	
					\$
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR	\$
Description of Contribution:		L		1	
Full Name of Contributor					
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	
	<u> </u>		54237. A.D C.	Ed his territory	\$
Description of Contribution:					
Full Name of Contributor			MO. DAY	YEAR	_
			200700000		\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO DAY	YEAR	\$
Description of Contribution:			<u> </u>		
Full Name of Contributor			ana i Masa ana 120	"Y" CALK	2
7 M. Name 27 25 122.5.			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	
Description of Contribution:		_			\$
					I
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)		VEAS	3
	State	Zip Code (Fids 4/	MG DAY	YEAR	\$
Description of Contribution:					
					PAGE TOTAL
Enter Grand Total of Part F on Schedu Summary Page, Section 2.	ule II,	, In-Kind Contribut	ions Detailed	İ	\$ (5

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting f		- 11-
Brace for Lewigh	1		F	rom 6	//9/i	2 TO [C]][3
				DATE		AMOUNŤ
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо,	DAY	YEAR	\$
Employer of Contributor			Occupation	I		
Employer Mailing Address/Principal Place of Business			Description	n of Cont	ribution	
	<u>-</u>					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	Tenforma de la companya de la compan		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor		/	Occupation	1		
Employer Mailing Address/Principal Place of Business			Description	n of Cont	ribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	PAR	\$
Employer of Contributor			Occupation	I		
Employer Mailing Address/Principal Place of Business			Description	n of Cont	ribution	
Full Name of Contributor			Mo.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor	4		Occupation)		
Employer Mailing Address/Principal Place of Business			Description	n of Cont	ribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	_
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Employer of Contributor		_	Occupation			\$
Employer Mailing Address/Principal Place of Business			Description	- cf Cont		
employer Mailing Address/Fillicipal Flace of Cosiness			Description	1 OT COM	ribution	
Enter Grand Total of Part G on Schee Summary Page, Section 3.	dule II,	, In-Kind Contribu	tions Det	ailed		PAGE TOTAL \$
Julilliary rage, Jection 3.						1/)

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

			Paparting Divind /	,
Name of Filing Committee or Candidate)		Reporting Périod	1-2/2/12
Brace fer Cehigh	4		From 6/19/13 To	W121119
		END.	•	•
To Whom Paid Lehtin Comy Demoi	craf	c Commelle	MO. BAY YEAR Amount 7 15 13 Description of Expenditure	50
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)	1 60 10	
	Joint			
To Whom Paid		111	MO. DAY YEAR Amount	
Citizens, for Westley K	0116	H	MO. DAY YEAR Amount 9 11 13 \$	$\mathcal{C}(\mathcal{C})$
To Whom Paid Citizens for Wesley B Mailing Address	<u> </u>		Description of Expenditure	
V			Contribution	
City	State	Zip Code (Plus 4)		
		_		
To Whom Paid Yeller For Executive Mailing Address			MO. DAY YEAR Amount	
Millertor Executive			MO. DAY YEAR Amount	$\mathcal{C}_{\mathcal{C}}$
Mailing Address			Description of Expenditure	
			Description of Expenditure Contribution	
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid		1//		
To Whom Paid CHICK CO WESLEY Mailing Address	Ka	well	MO. DAY YEAR Amount 10 21 13 \$ 20 Description of Expendique	200
Mailing Address	، عمل	/ - /	Pagariation of Franchis	
U V			Description of Expenditure	
City	1	T =	Contributea	
City	State	Zip Code (Plus 4)		
		_		
Friends of Bill Lener			MO. DAY YEAR Amount	CC
Ico do M Billehel				<i>,</i> \sim
			10 14 13 15 0	
Friends of Billeine/ Mailing Address			Description of Expenditure	
Mailing Address /			Description of Expenditure	
Mailing Address	State	Zip Code (Plus 4)	MO. DAY YEAR Amount 10 196 13 \$ 5 Description of Expenditure Conf. butcon	
Mailing Address /	State	Zip Code (Plus 4)	Description of Expenditure	
Mailing Address /		Zip Code (Plus 4)		
Mailing Address /		Zip Code (Plus 4) —		
To Whom Paid Treends of Bill Leine		Zip Code (Plus 4) —		
Mailing Address /		Zip Code (Plus 4) —		
To Whom Paid treends of Bill Leine Mailing Address	/			
To Whom Paid Triends of Bill Leine	/	Zip Code (Plus 4) — Zip Code (Plus 4)		
To Whom Paid Triends of Bill Leine Mailing Address City	/			
To Whom Paid treends of Bill Leine Mailing Address	/			
To Whom Paid To Whom Paid To Whom Paid Mailing Address City To Whom Paid	/		MO. DAY YEAR Amount 10 26 /3 \$ 1,5 Description of Expenditure	
To Whom Paid Triends of Bill Leine Mailing Address City	/		MO. DAY YEAR Amount 10 26 /3 \$ 1,5 Description of Expenditore MO. DAY YEAR Amount	
To Whom Paid To Whom Paid To Walling Address City To Whom Paid Mailing Address	/		MO. DAY YEAR Amount 10 26 73 \$ 1,5 Description of Expenditure	
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To Whom Paid To Whom Paid To Wailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	MO. DAY YEAR Amount 10 26 73 \$ 1,5 Description of Expenditure	
City To Whom Paid Treend Bill Leine Mailing Address City To Whom Paid Mailing Address City City	State	Zip Code (Plus 4)	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure	
To Whom Paid To Whom Paid To Wailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure	
City To Whom Paid To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid	State	Zip Code (Plus 4)	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$	
City To Whom Paid Treend Bill Leine Mailing Address City To Whom Paid Mailing Address City City	State	Zip Code (Plus 4)	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure	
City To Whom Paid To Whom Paid Mailing Address City To Whom Paid Mailing Address City To Whom Paid	State	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$	
Mailing Address City To Whom Paid Freed Bullene Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4)	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$	
Mailing Address City To Whom Paid Free Doll Leine Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$	
Mailing Address City To Whom Paid Free Doll Leine Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4) —	MO. DAY YEAR Amount S 1.5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure	-00
Mailing Address City To Whom Paid Freend Bulleme Mailing Address City To Whom Paid Mailing Address City To Whom Paid Mailing Address	State State	Zip Code (Plus 4) Zip Code (Plus 4) — Zip Code (Plus 4) —	MO. DAY YEAR Amount \$ 1,5 Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure MO. DAY YEAR Amount \$ Description of Expenditure	-00

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 Sandidate			Reporting	Period /	
Name of Filing Committee or Candidate Received Lehigh			From (Plial.	3 to 10/21/13
					t
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	3
City	INCORRED	State	Zip Code	(Plus 4)	
Description of Debt		1			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	1.3
City	INCURRED	State	Zip Code	 (Plus 4) -	
Description of Debt					
Name of Creditor				-	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	4
City	INCORRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE DEBT INCURRED		DAY	YEAR	Outstanding Balance of Debt
	DATE DEBT INCURRED	MO.	DAY Zip Code		
Mailing Address	DEBT				
Mailing Address City	DEBT				\$ Outstanding Balance of Debt
Mailing Address City Description of Debt	DEBT INCURRED	State		(Plus 4)	\$
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt \$
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City	DATE DEBT INCURRED	MO. State	Zip Code Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt