

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Brace for Lehigh</i>		
Address:		<i>227 N 9th St</i>		
City, State, Zip:		<i>Allentown PA 18102</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report <i>2nd Friday Pre Election</i>		Election Date	Amended	Termination
		<i>11/05/2013</i>		
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #4</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>06/19/2013</i>	To:	<i>10/21/2013</i>	
A. Amount Brought Forward From Last Report			<i>2,222.98</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>3,650.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>5,872.98</i>	
D. Total Expenditures (from Schedule III)			<i>5,250.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>622.98</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>65.00</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.

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>6/19/13</i> To <i>10/21/13</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

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)

\$

0

All Other Contributions (Part B)

\$

150

TOTAL for the Reporting Period

(2)

\$

*150***3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)

\$

0

All Other Contributions (Part D)

\$

3,500

TOTAL for the Reporting Period

(3)

\$

*3,500***4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period

(4)

\$

*0***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.)

\$

3,650

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				Reporting Period			
<div style="font-size: 24px; font-family: cursive;">Brace for Lehigh</div>				From 6/19/13 To 10/21/13			
				DATE		AMOUNT	
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	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	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			—				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

PART B
ALL OTHER CONTRIBUTIONS

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\$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 <u>Brace for Lehigh</u>	Reporting Period From <u>6/19/13</u> To <u>10/21/13</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <u>Sara Jane Brace</u>				<u>10</u>	<u>19</u>	<u>13</u>	\$ <u>150</u>
Mailing Address <u>227 N 9th St</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		MO.	DAY	YEAR	\$
Full 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	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full 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	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full 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	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 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 <u>Brace Ter Lehigh</u>	Reporting Period From <u>6/18/13</u> To <u>10/21/13</u>
--	--

				DATE			AMOUNT
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	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	\$
		—					

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

PAGE TOTAL

\$

PART D
ALL OTHER CONTRIBUTIONS

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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 Candidate <u>Brace Ter Lehigh</u>	Reporting Period From <u>6/19/13</u> To <u>10/21/13</u>
--	--

		DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<u>Brad Osborne</u>	<u>10</u>	<u>19</u>	<u>13</u>	\$ <u>2000</u>	
Mailing Address <u>1480 Coventry RD</u>	MO.	DAY	YEAR	\$	
City <u>Allentown</u>	MO.	DAY	YEAR	\$	
State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>				
Employer Name <u>GEO Manufacturing</u>	Occupation <u>Plant Manager</u>				
Employer Mailing Address/Principal Place of Business <u>2409 N Cedar Crest Blvd Allentown PA 18104</u>					
<u>Mary Lou Perry</u>	<u>10</u>	<u>19</u>	<u>2013</u>	\$ <u>1500</u>	
Mailing Address <u>4059 B Fredensburg Rd</u>	MO.	DAY	YEAR	\$	
City <u>Oley</u>	MO.	DAY	YEAR	\$	
State <u>PA</u>	Zip Code (Plus 4) <u>19547</u>				
Employer Name <u>Retired</u>	Occupation <u>Retired</u>				
Employer Mailing Address/Principal Place of Business <u>N/A</u>					
	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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**

PAGE 07 OF 12

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.

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>6/19/13</u> To <u>10/21/13</u>
--	--

Full Name						
Mailing 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						
Full Name						
Mailing 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						
Full Name						
Mailing 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						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0

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 or Candidate <i>Bruce Fer Lehigh</i>	Reporting Period From <i>6/19/13</i> To <i>10/21/13</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>65</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>0</i>

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.)	\$ <i>65</i>
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**SCHEDULE II
PART F**

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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>6/19/13</i> To <i>10/21/13</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Douglas Brace</i>	<i>10</i>	<i>20</i>	<i>13</i>	\$ <i>65</i>
Mailing Address <i>555 313 N 10th St</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18102 -</i>	MO.	DAY	YEAR	\$
Description of Contribution: <i>web hosting expenses June - Oct</i>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>65</i>
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SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 10 OF 12

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>6/19/12</u> To <u>10/21/13</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Braic for Leigh</u>			Reporting Period From <u>6/19/13</u> To <u>10/21/13</u>		
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To Whom Paid <u>Lehigh County Democratic Committee</u>			MO. <u>7</u>	DAY <u>15</u>	YEAR <u>13</u>	Amount \$ <u>250</u>
Mailing Address			Description of Expenditure <u>GOTV</u>			
City	State	Zip Code (Plus 4) -				

To Whom Paid <u>Citizens for Wesley Barrett</u>			MO. <u>9</u>	DAY <u>11</u>	YEAR <u>13</u>	Amount \$ <u>500</u>
Mailing Address			Description of Expenditure <u>Contribution</u>			
City	State	Zip Code (Plus 4) -				

To Whom Paid <u>Mallor Executive</u>			MO. <u>7</u>	DAY <u>22</u>	YEAR <u>13</u>	Amount \$ <u>500</u>
Mailing Address			Description of Expenditure <u>Contribution</u>			
City	State	Zip Code (Plus 4) -				

To Whom Paid <u>Citizens for Wesley Barrett</u>			MO. <u>10</u>	DAY <u>21</u>	YEAR <u>13</u>	Amount \$ <u>2000</u>
Mailing Address			Description of Expenditure <u>Contribution</u>			
City	State	Zip Code (Plus 4) -				

To Whom Paid <u>Friends of Bill Lemer</u>			MO. <u>10</u>	DAY <u>16</u>	YEAR <u>13</u>	Amount \$ <u>500</u>
Mailing Address			Description of Expenditure <u>Contribution</u>			
City	State	Zip Code (Plus 4) -				

To Whom Paid <u>Friends of Bill Lemer</u>			MO. <u>10</u>	DAY <u>20</u>	YEAR <u>13</u>	Amount \$ <u>1,500</u>
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

\$ 5250

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>Brace for Lehigh</i>	Reporting Period From <i>6/19/13</i> To <i>10/21/13</i>
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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
\$