#### CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Name: Brown for Commissioner Address: 902 Lawrence Dr City, State, Zip: Emmaus PA 18049 Candidate Committee X **Type of Report Election Date** Amended Termination 2017 – 2<sup>nd</sup> Friday Pre-Primary 05/16/2017 **Termination Report?** Office Sought By Candidate Party County Lehigh County Commissioner Dist #5 R Lehigh Summary of Receipts & Expenditures From: 02/27/2017 To: 05/01/2017 A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions & Receipts (from Schedule I) 1,725.00 C. Total Funds Available (Sum of Lines A & B) 1,725.00 D. Total Expenditures (from Schedule III) 1,399.22 E. Ending Cash Balance (Subtract Line D from Line C) 325.78 F. Value of In-Kind Contributions Received (from Schedule II) 0.00 G. Unpaid Debts & Obligations (from Schedule IV) 0.00

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

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

#### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period
Brown for Commissioner	From 02-17-2017 To 05-01-2017

1. UNITEMIZED CONTRIBUTIO	NS AND RECEIPTS - \$50.00 OR LESS PER	R CONTRIBUTOR
	TOTAL for the Reporting Period	(1) \$ 525.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	400.00
All Other Contributions (Part B)	\$	500.00
TOTAL for the Reporting Period	(2) \$	900.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 300.00
TOTAL for the Reporting Period (3)	\$ 300.00

TOTAL for the Reporting Period (4) \$ 0.00	4. OTHER RECEIPTS - REFUNDS, INTER	EST EARNED, RETURNED CHECKS, E	TC. (FROM PART E)
	TO	TAL for the Reporting Period (4	\$ 0.00

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.)	<b>\$</b> 1675.00

#### 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.

		400.07 00 4200					
Name of Filing Committee or Candidate				Reporting			
Brown for Commissioner				From _	02-17-2	017	To 05-01-2017
				DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR		
James Martin Committee			04	27	2017	\$	150.00
Mailing Address			MO.	DAY	YEAR		
1524 Linden Street				ł		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown	PA	18102 –				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Citizens For Ryan Mackenzie			04	26	2017	\$	250.00
Mailing Address			MO.	DAY	YEAR		
3620 Lincoln Avenue						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown	PA	18103 _				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR		
						\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		<del>-</del>	1			\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR		
		-				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		A
						\$	
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		·
			l			\$	
Mailing Address			MO.	DAY	YEAR	•	
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
						\$	
						PAC	GE TOTAL
Enter Grand Total of Part A on Sch	hedule i	, Detailed Summar	y Page	e, Sectio	n 2.	\$	400.00
						4	400.00

# 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	Reporting Period
Brown for Commissioner	From 02-17-2017 To 05-01-2017

				DATE			AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$	
Cecilia R. Birdsell	<del></del>		03	07	2017		100.00
188 Landis Circle			MO.	DAY	YEAR	\$	
City	State Pa	Zip Code (Plus 4) 18049 —	MO.	DAY	YEAR		
Emmaus	Pd	16049 -				\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Dana M And Kenneth L Bacher Mailing Address			03	07	2017		100.00
2440 Saddlebrook Road			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	l ·	
Macungie	PA	18062 _	MO.	DAT	TEAN	\$	
Full Name of Contributor			MO.	DAY	YEAR		
John Hayes			03	15	2017	\$	100.00
Mailing Address			MO.	DAY	YEAR	\$	
1006 Liberty Street						•	
City	State PA	Zip Code (Plus 4) 18049 _	MO.	DAY	YEAR		
Emmaus	PA	18049 _				\$	
Full Name of Contributor			MO.	DAY	YEAR	•	
William L Heydt			03	23	2017	\$	100.00
Mailing Address			MO.	DAY	YEAR	\$	
2505 Houghton Lane						•	
City	State PA	Zip Code (Plus 4) 18062 —	MQ.	DAY	YEAR		
Macungie	FA	10002 -				\$	
Full Name of Contributor			MO.	DAY	YEAR		400.00
Jim Trinkle		4	04	30	2017	\$	100.00
Mailing Address 1103 Harris Drive			MO.	DAY	YEAR	\$	
City	Lean					_	
Emmaus	State PA	Zip Code (Plus 4) 18049	MO.	DAY	YEAR	\$	
Full Name of Contributor	L.		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			<del> </del>		V= 1=	<b>Ľ</b>	
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<del>                                     </del>	
						\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			1 40	DAY	VEAR	Ľ.	
-			MO.	DAT	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>-</b>	
		<u> </u>				\$	
						PAC	SE TOTAL
Enter Grand Total of Part P on Sa			_		_		500.00

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

\$ 500.00

#### 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				Reporting	Period		
Brown for Commissio	ner					17	To <b>05-01-2017</b>
				DATE			AMOUNT
Full Name of Contributing Committee Erin M McIntyre / Sean B. McIntyre			мо. 03	DAY 27	YEAR 2017	\$	300.00
Mailing Address	-		MO.	DAY	YEAR	\$	300.00
1684 Kevin Drive	tate	Zip Code (Plus 4)				*	
· .	PA	18015 -	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MQ.	DAY	YEAR		
			- MV-		1500	\$	
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address						\$	
marring Address			MO.	DAY	YEAR	\$	
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR		
		_				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	*	
City						\$	
Sta	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City						\$	
Sta	ate	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address						\$	
		}	MO.	DAY	YEAR	\$	
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR		
		_				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City Sta	<del></del> 1	21- Code (Dine A)				\$	
	Te	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Meiling Address			MO.	DAY	YEAR		
City						\$	
Stat	te	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
							TOTAL
Enter Grand Total of Part C on Schedule	. 1	Detailed Commen	_				200.00

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0.00

## ALL OTHER CONTRIBUTIONS

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			F	Reporting	Period	
Brown for Commission	ioner					017 <sub>To</sub> 05-01-2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address	-		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name	!		Occupati	tion		\$
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
Employer Name						\$
			Occupation	on	_	
Employer Mailing Address/Principal Place of Business					<del></del>	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
				- ba.	YEAL	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupatio	on	<b></b>	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name					JEOU.	\$
		,	Occupation	'n	<b></b> -	
Employer Mailing Address/Principal Place of Business			<u> </u>			
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
City			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupation	)n		-
Employer Mailing Address/Principal Place of Business			<u> </u>			
Enter Grand Total of Part D on Schedul	le I,	Detailed Summary	/ Page,	Section	3.	PAGE TOTAL

0.00

Reporting Period

#### 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.

Name of Filing Committee or Candidate

Brown for Commissioner			From 02-17-2017 To 05-01-2017				
II Name							
failing 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	TVEAD		
Receipt Description		Zip Code (Plus 4)	MU.	UA.	YEAR	\$	
Full Name							
Mailing Address							
City	State			<del></del>			
Receipt Description	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description			<u> </u>				
ull Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$	
Receipt Description			1 .	_	_	1 —	

#### SCHEDULE II

PAGE 8 OF 12

## 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	Reporting	Period	
Brown for Commissioner	From _	02-17-2017	To 05-01-2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 C	R LESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio	od	(1) \$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FF	ROM PART	F)
TOTAL for the Reporting Period	od	(2) \$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART	rg)	
TOTAL for the Reporting Period	d	(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.)		\$ c	0.00

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			F	Reporting	Period	
Brown for Commissioner				From _(	)2-17-20	017 To 05-01-2017
			_	DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:			<u></u>	<b></b>	ł	
Full Name of Contributor	, <u></u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>		L	
Full Name of Contributor			Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	
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		<u> </u>	<b></b>		<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			· <del>!</del>	<del></del>		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		12 - 12 - 12 - 12	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				<b>1</b>		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate			Reporting	Period		
Brown for Commissioner			From <u>02</u>	-17-201	<b>7</b> то <b>05-01-2017</b>	
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
morning Address			N.O.	J DAT	ICAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupat	lion		
Emproyer of Contributor			Оссира			
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cont	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	<del></del>		MO.	DAY	YEAR	\$
						<b>3</b>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupat	tion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	L		Occupat	tion		
Employer Mailing Address/Principal Place of Business			Danasia	tion of Cont		
Employer Mairing Adoress/Frincipal Frace of business			Descrip	tion of Con	ribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<b>e</b>
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	l		Occupat	tion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
• • • • • • • • • • • • • • • • • • • •			10.	JAN .	1 CAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupat	tion		
Employer Mailing Address/Principal Place of Business		Description of Contribution				
						DACE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					\$ 0.00	

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Brown for Commissioner		F	Reporting From 0	Period 02-17-20:	017 <sub>To</sub> 05-01-2017	
				F1 U		10
Communication Concepts			мо. 03	19	YEAR 2017	Amount \$ 106.00
Mailing Address 2906 William Penn Highway Suite	e <b>4</b> 01		Descript	et Address	penditure	<u> </u>
City Easton	State PA	Zip Code (Plus 4) 18045 —		kely Repu		
To Whom Paid April Harold (Saks)			Mo.	DAY 28	YEAR 2017	Amount <b>7</b> \$ 300.00
Mailing Address 6246 Venture Court			Descript	tion of Expo bsite Desi	penditure	\$ 300.00
Slatington	State PA	Zip Code (Plus 4) 18080 _		SILC 2.	Riv	
To Whom Paid Communication Concepts			мо. 04	DAY 30	YEAR 2017	Amount \$ 993.22
Mailing Address 2906 William Penn Highway Suite	<u> </u>		Descripti	tion of Expe		
Easton	State PA	Zip Code (Plus 4) 18045 —		Cards (ha	andouc	)
To Whom Paid		100.10	MO.	DAY	YEAR	Amount
Mailing Address			Descript	tion of Expe	enditure	\$
City	State	Zip Code (Plus 4)	+			
To Whom Paid		_	MO.	DAY	YEAR	Amount
Mailing Address			Descripti	tion of Expe		\$
City	State	Zip Code (Plus 4)	+			
To Whom Paid		_	MO.	DAY	YEAR	Amount
Mailing Address				ion of Expe		\$
City	State	Zip Code (Plus 4)	<del> </del>		nu.c.	
To Whom Paid		_				
Mailing Address			MO.  Description	DAY ion of Exper		Amount \$
Dity	State	Zip Code (Plus 4)	Desu.,	30 O1 EAST	nditure	
o Whom Paid		Zip Code				
o Whom Paid  Mailing Address			MO.	DAY		Amount \$
ity Address	Ctate	(2)	Descriptio	on of Exper	nditura	7
ity	State	Zip Code (Plus 4)				
Enter Grand Total of Expendit	tures on Page 1, F	Report Cover P	age, ite	m D.		PAGE TOTAL \$ 1399.22

# 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.

Description of the Control of the Co			l	ng Period	
Brown for Commissioner			From	02-17-	2017 To 05-01-201
lame of Creditor					
wine of Creditor					Outstanding Balance of
ailing Address	DATE	MO.	DAY	YEAR	\$
ty	DEBT INCURRED				
		State	Zip Co	de (Plus 4)	
scription of Debt					
me of Creditor					Outstanding Balance of
iling Address	DATE	MO.	DAY	YEAR	\$
у	DEBT INCURRED		J. SA.	1 FAR	<b>-</b>
,		State	Zip Cod	te (Plus 4)	
scription of Debt					<u> </u>
ne of Creditor					Outstanding Balance of
iling Address					\$
	DATE DEBT	MO.	DAY	YEAR	
	INCURRED	State	Zip Cod	e (Plus 4)	-
cription of Debt				_	1,0
ne of Creditor					
0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2					Outstanding Balance of \$
ling Address	DATE	MO.	DAY	YEAR	Ψ
	INCURRED	State	Zin Code	Plus 4)	
	_		2 Ap COU.	-	
cription of Debt					
e of Creditor					
					Outstanding Balance of \$
ing Address	DATE DEBT	MO.	DAY	YEAR	3
	INCURRED	C			
		State	Zip Code	(Pius 4)	
ription of Debt					
of Creditor					
	· · · · · · · · · · · · · · · · · · ·				Outstanding Balance of [
ng Address	DATE	MO.	חבע	VE .	\$
	DEBT INCURRED	1410.	DAY	YEAR	
		State	Zip Code	(Plus 4)	
ription of Debt					
					<del></del>
					PAGE TOTAL
er Grand Total of Unpaid Debts on Page	1, Report Cover	Page. Its	em G		•
_		٠٠٠ رسول	-··· J.		\$ 0.00