CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Brace for Lehigh Name: 227 N 9th St Address: Allentown PA City, State, Zip: X Committee Candidate Termination **Type of Report Election Date** Amended 2017 – 2nd Friday Pre-Primary 05/16/2017 **Termination Report?** County Office Sought By Candidate Party Lehigh County Commissioner Dist #4 Lehigh D**Summary of Receipts & Expenditures** 05/01/2017 01/01/2017 From: To: A. Amount Brought Forward From Last Report 182.98 B. Total Monetary Contributions & Receipts (from Schedule I) 2,300.00 2,482.98 C. Total Funds Available (Sum of Lines A & B) D. Total Expenditures (from Schedule III) 1,282.00 1,200.98 E. Ending Cash Balance (Subtract Line D from Line C) 270.00 F. Value of In-Kind Contributions Received (from Schedule II) G. Unpaid Debts & Obligations (from Schedule IV) 0.00

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Totalion Salitinary 1 age		
Name of Filing Committee or Candidate Cor Length	Reporting Per From _//	ルカー ゲーバ
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	s 50
2 CONTRIBUTIONS \$50.01 TO \$280.00 FROM PART A AND PART	V	To the control of the
Contributions Received from Political Committees (Part A)		\$ 250
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	Arson	ALCO TO THE STATE OF THE STATE
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$
A. OTHER RECEIPTS - REFUNDS INTEREST EARNED, RETURNED CH	ECKS,-ETC	FROM PART E
TOTAL for the Reporting Period	(4)	\$
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING		
THIS REPORTING PERIOD (Add and enter amount totals from		e e

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

PART A

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Reporting Period

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

Brace for Lel	righ	From	<i>f</i> то <u>5/1//</u> £
		DATE	AMOUNT
Full Name of Contributing Committee		MO. YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO: DAY TYFAR	\$
Mailing Address		MO. DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	te Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	rte Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee		HAMOTH ENDAY TYPAN	\$
Mailing Address		MO. TOAY YEAR	\$
City	ste Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee		SMORE SPAY SYSAR	\$
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 VEAR	\$
City	ate Zip Code (Plus 4) -	MO: DAY YEAR	\$
Full Name of Contributing Committee		ESTATION AND SERVICE STATE OF THE SERVICE SERV	\$
Mailing Address		MO. DAY YEAR	\$
City	ate Zip Code (Plus 4)	MO. DAY YEAR	\$ /
Enter Grand Total of Part A on Schedul	e I, Detailed Summa	ary Page, Section 2.	\$
DCCR_EA2 (7-99)			/

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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	. /	1	Repo	rting Period	, , ,
Brace for	Lel	righ	Fro	1/7	117 TO 5/1/17
			D,	ATE	AMOUNT
Full Name of Contributor	ra	·	MO.	AY YEAR	(Ann)
Sava Jane 8) ('U	ce	MO E	PAY YEAR	\$ 250
City	State	Zip Code (Plus 4)	Mo.	AY YEAR	\$
		-	HU.		\$
Full Name of Contributor			MO).	AY- YEAR	s
Mailing Address			O	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	
		-		I EAN	\$
Full Name of Contributor			MD	AY YEAR	\$
Mailing Address			MO.	AY YEAR	
City	State	Zip Code (Plus 4)			\$
			MO. D	AY YEAR	\$
Full Name of Contributor		-	MO.	AY YEAR	\$
Mailing Address			MO. D	AY YEAR	
City	State	Zip Code (Plus 4)			\$
		_	MO. D	RABY YEAR	\$
Full Name of Contributor			MQ. D	YEAR	\$
Mailing Address			MO. D	AY YEAR	
City	State	Zip Code (Plus 4)			\$
·	State	Zip Code (Pjus 4)	MO. D	YEAR	\$
Full Name of Contributor			MO. by	YEAR	
Mailing Address			MO. DA		\$
			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ. 0/	YEAR	\$
Full Name of Contributor	<u> </u>		MO. DA	Y YEAR	
Mailing Address	**				\$
			MO. DA	Y YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	YEAR	
Full Name of Contributor		I THE STATE OF THE	MO. DA	Y YEAR	\$
Mailing Address				YEAR	\$
			MQ. DA	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	
		-			\$
Enter Grand Total of Port P on Salad	halm I	Details 4 0		_	PAGE TOTAL
Enter Grand Total of Part B on Sched	uie I,	Detailed Summary	Page, Sect	tion 2.	\$ 250

PART C

PAGE 5 0F 12

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

Name of Filing Committee or Candidate	1	1		Reporting	Period	11 1/11
Name of Filing Committee or Candidate Brace fer l	∕e hi	74	l	From _	3 1//	/// To 5/1/17
	()		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			.∵ MO₃	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	4
						\$
City	State	Zip Code (Plus 4) —	MO.	"DAY	YEAR	\$
Full Name of Contributing Committee			MO:	DAY	YEAR	
Mailing Address	<u>-</u>					\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	
City						\$
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)	MQ.	DAY	YEAR	
Eull Name of Constitution						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	I Sacto					\$
V.,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I,	Detailed Summar	y Page,	Section	3.	\$ <i>(</i>)
CER_E02 (7-00)						ΥΥ

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.)

Brace For	Lehigh			From _	1/1	/17 to 5/1/17
				DATE		AMOUNT
Full Name of Contributor			ALMONS.	DAY	YEAR	
Mailing Address			#### \\ (0)\\	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
Employer Name		_	Occupation	ion	<u> </u>	
Employer Mailing Address/Principal Place of B	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	an		
Employer Mailing Address/Principal Place of B	usiness					
Full Name of Contributor			MO S	DAY		
			1.00	Par	YEAR	\$
Mailing Address			≕MO. □	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name		***	Occupatio		'	\$
Andrew Address (Principal Discount F			Occi	.n		
Employer Mailing Address/Principal Place of Bu	ısiness					
Full Name of Contributor			Vo.	DAY	YEAR	
Mailing Address						\$
			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO/	DAY	YEAR	\$
Employer Name		_	Occupation	n.		*
Employer Mailing Address/Principal Place of Bu						
amproyer mog	siness					
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.			\$
City					YEAR	\$
	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Employer Name		·	Occupation	<u> </u>	L	-
Employer Mailing Address/Principal Place of Bus	siness		<u></u>			
			· <u></u>			
Enter Grand Total of Part D on S	Schedule I, De	tailed Summary	, Page. !	Cantion	2	PAGE TOTAL
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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	Leh	igh		From		7 to 5/1/17
Full Name		/				
Mailing Address					_	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name					1 1110	
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	T DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	PAY	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						
						PAGE TOTAL
Enter Grand Total of Part E on Se	chedule I, [Detailed Summary	y Page	, Section	1 4.	\$

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SCHEDULE II

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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 Per	iod	
		То	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS PER CONT	RIBUTOR -
TOTAL for the Reporting Period			
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART P	To the second se
TOTAL for the Reporting Period	d (2)	\$ 270	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period		<i>179</i>	The second secon
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.)		\$	

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SCHEDULE II PART F I-KIND CONTRIBUTIONS RE

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	•	Ĺ	Reporting	Period)	
Brace for	Le	high	From	<i> </i>	L To 5/1/17
			DATE		AMOUNT
Full Name of Contributor			MQ. DAY	ESY(EX)(B	\$70
Meiling Address 1/1/13	21		MO. DAY	YEAR	\$
City Alla Ra	State	Zip Code (Plus 4)	MO. DAY		
Description of Contribution:	1 (91)	110102-	1 1		
Full Name of Contributor	25±	ry Ja	n - May	- 17	
Maria Dra	ce		2 /	YEAR !	100
Mailing Address 5559 Rawe	145	<u> </u>	NYO. DAY	YEAR	100
city / aux NS Statics	State	Zip Code (Plus 4)	MO. DAY	YEAR	, , , , , , , , , , , , , , , , , , ,
Description of apprintuition	امرا	1 000			
Full Name of Contributor	<i>N</i> & 1	design	Servi		
			MQ. DAY	YEAR	;
Mailing Address			MO. EDAY	YEAR	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	
Description of Contribution:					
Full Name of Contributor					
			MO. DAY	YEAR 5	•
Mailing Address			EMO:	YEAR	
City	State	Zip Code (Plus 4)	MO: DAY	YEAR	
Description of Contribution:				\$	
Full Name of Contributor					
run Name of Contributor			MO: DAY	YEAR S	
Mailing Address			MO. DAY	YEAR -	
City	State	Zip Code (Plus 4)	MO. L DAY	\$ YEAR	
Description of Contribution:	1			\$	
Full Name of Contributor			MC. TOAY	YEAR \$	
Mailing Address			MO: DAY	VEAR	
City	1 64545	7		\$	
	State	Zip Code (Plus 4)	MO. DAY	YEAR \$	
Description of Contribution:			<u> </u>		
Enter Crand Total of Day				In.	GE POTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	lule II,	In-Kind Contributi	ions Detailed	٦	GE TOTAL 270
				1 3	~ 100

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

			Reporting	Period				
		!	From _		То			
			DATE		AMOUNT			
		= Mo.						
		MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)	мо,	DAY	YEAR	\$			
		Occup	ation	<u> </u>				
		Descri	iption of Cor	ntribution	**************************************			
				-				
		MO.	DAY	YEAR	\$			
		MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor				Occupation				
		Descri	ption of Cor	ntribution				
		l mo.	I DAY	YEAR				
· 			5.000 pt. 100	a missay.	\$			
		MO.	PAY	YEAR	\$			
State	Zip Code (Plus 4)	MO.	DAY	EXEASE.	\$			
		Occupi	ation	<u> </u>				
		Descri	ption of Con	itribution				
		MO.	DAY	YEAR				
					\$			
		MO.	DAY	YFAR	\$			
State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
		Occupe	ation	<u> </u>				
		Descri	ption of Con	itribution				
		i Mo	PAY	YEAR	\$			
		Mo	DAY	YEAR	\$			
State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
		Occupi	ation	<u> </u>				
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iule II	, In-Kind Contrib	utions I	Detailed		PAGE TOTAL			
	State State State	State Zip Code (Plus 4) State Zip Code (Plus 4) State Zip Code (Plus 4)	State Zip Code (Plus 4) MO. Descri MO. MO. MO. State Zip Code (Plus 4) MO. Descri MO. State Zip Code (Plus 4) MO. MO. State Zip Code (Plus 4) MO. Descri MO. State Zip Code (Plus 4) MO. Descri MO. MO. State Zip Code (Plus 4) MO. MO. Descri Descri MO. Descri Descri MO. Descri Descri Descri MO. Descri Descri Descri Descri Descri MO. Descri Descri MO. Descri Descri Descri Descri Descri Descri Descri Descri	State Zip Code (Plus 4) MO. DAY State Zip Code (Plus 4) MO. DAY MO. DAY MO. DAY MO. DAY State Zip Code (Plus 4) MO. DAY MO. DAY MO. DAY State Zip Code (Plus 4) MO. DAY MO. DAY	State Zip Code (Plus 4) MO. DAY YEAR Occupation Description of Contribution MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Cocupation Description of Contribution MO. DAY YEAR Occupation Description of Contribution Description of Contribution MO. DAY YEAR MO. DAY YEAR			

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From Jan 177To 5/1/17
Brace for Lehigh	From Jan / / To _ /////
To Whom Paid LV Print Center	MO. DAY YEAR Amount 243. SU
Mailing Address 1701 Union Blud	Description of Expenditure Palm (a-d)
City Allenton State Zip Code (Plus 4)	
To Whom Paid Zion UCC	MO. DAY YEAR Amount 2 / / + \$ / / C
Mailing Address 6.20 W Hamilton St	Description of Expenditure Space Rendal
Allentony State Zip Code (Plus 4)	on 2/16/17
To Whom Paid Vincez Cheese Steaks	MO. DAY YEAR Amount 2 16 17 \$ 200.34
Mailing Address 606 W Ham. Iton ST	Description of Expenditufe
City Allentoun State Zip Code (Plus 4)	
To Whom Paid Oco H Brace	MO. DAY VEAR Amount 78.73
Mailing Address N 915 St	Description of Expenditure Reimburgements: Filipy tee Stamps envelope
City Allentoun State Zip Code (Plus 4)	invadicus photocopies, ink
To Whom Paid Friends of Sara Jave Bruce	MO. DAY YEAR Amount 250
Mailing Address 1 975-5+	Description of Expenditure Con Concord
City Allertur PA 19102	
To Whom Paid Pt Democratic Committee	
Mailing Address 229 State St	Vote Bloging Database
City Cate State Fig. Cade (Plus 4)	
To Whom Paid	MO DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	HO DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$ 1.072.52

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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 Canadate Or Lehgh		Reporting Period	17 TO 5/1/17
Visit		1	
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MQ. DAY YEAR	1.3
City	INCURRED S	State Zip Code (Plus 4)	
Description of Debt	<u></u>		
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DEBT	MO. DAY YEAR	<u> </u>
City	INCURRED S	tate Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City		tate Zip Code (Plus 4)	
Description of Debt			L
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City		tate Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	*
City		tate Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	*
City		tate Zip Code (Plus 4)	
Description of Debt			
Enter Grand Total of Unpaid Debts on Page 1, Re	nort Caves Re-	no ltors C	PAGE TOTAL