	CA	MPAIGN F	INANCE REP	ORT		
	Name and Ad	ldress of Fi	ling Candidate	or Com	mittee	•
Name: Address: City, State, Z	ip:	Brace for Lehigh 227 N. 9 th Street Allentown, Pa 18102				
Candidate			Committee			X
Type of Report 2017 – 30 DAY POST PRIMARY		ARY	Election Date 05/16/2017	Amended T		Termination
Termination	Report?					
Office Sough	t By Candidate		Party	County		
Lehigh Count	y Commissioner	· District 4	D	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	05/01/2017		To:	06/05/2017		
A. Amount B	rought Forwar	d From Las	t Report		1,200.98	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	0.00	
C. Total Funds Available (Sum of Lines A & B)				1,200	0.98	
D. Total Expenditures (from Schedule III)				473.8	39	
E. Ending Cash Balance (Subtract Line D from Line C)					727.8	39
F. Value of In-Kind Contributions Received (from Schedule II)				lule II)	178.00	
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

				
Filer Identification Number	Brace ter 1	0	high	
1.Uniternized Contributions	and Receipts-\$50.00 or Less per Contributor			
	Total for the reporting period (1) \$	0	
2. Contributions of \$50.01 t Part A and Part B)	o \$250.00 (From			
Contributions Received from	Political Committees (Part A)	\$	0	
All Other Contributions (Part	В)	\$	CX	
	Total for the reporting period (2) \$	0	
3. Contributions Over \$250.	00 (From Part C and Part D)			
Contributions Received from	Political Committees (Part C)	\$	Ø	
All Other Contributions (Part	D)	\$		
	Total for the reporting period (3	3) \$	T M	
4. Other Receipts-Refunds,	nterest Earned, Returned Checks, ETC. (From Part E)			
	Total for the reporting period (4	\$		_
Total Monetary Contributions enter amount totals from Box Cover Page, Item B)	s and Receipts during this reporting period (Add and ses 1, 2, 3 and 4; also enter this amount on Page 1, Repor	t \$	Ø	

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.

Filer Iden	itification Numbe	T K	1960	e to	er Lehigh	<u> </u>	
							Amount
Full Nam	ne of Contribut	ing	****		Date [MM/I	DD/YYYY] \$	
Commit							
House #		Street Address			Date [MM/I		
City			State	Zip Code	Date (MM/I		
Full Nan Commit	ne of Contribut tee	ing			Date [MM/I	DD/YYYY] \$	
House #		Street Address			Date [MM/I	DD/YYYY] \$	
City			State	Zip Code	Date [MM/I	DD/YYYY] \$	
Full Nan Commit	ne of Contribut Itee	ing			Date [MM/I		
House #	•	Street Address			Date [MM/I		
City			State	Zip Code	Date [MM/I		
Full Nan Commit	me of Contribut Itee	ing			Date [MM/l		
House #		Street Address			Date [MM/I		
City			State	Zip Code	Date (MM/	DD/YYYY] \$	
Full Nar Commit	me of Contribut ttee	ling			Date [MM/		
House #	*	Street Address			Date [MM/		
City			State	Zip Code		DD/YYYY] \$	
Full Nar Commit	me of Contribut ttee	ting			Date [MM/		:
House #	18	Street Address			Date (MM/		
City		<u>. </u>	State	Zip Code	Date [MM/	(DD/YYYY) \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

		Brace	Cer Le	h.gh	
Pall Hance of Co	and the star			Date [MM/DD/YYY] \$	
House #	Street Address			Data (MN/DD/YYY) \$	
City		S S S S S S S S S S	Zip Code	Date [MAX/SQAYYYY] 5	
Full Name of Co		<u> </u>	Salistana a minus	the same was to	
House #	Street Address			Date [MIN/OD/TYTY] \$	
City	<u>الغيزون البرهو</u> ن فإنبر بأساط المساط المساط		75 Code	E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-	
KAI Kapa We		KSS received.	POTTA OSSIDOSTOJEM COM	See Control of the Co	
House a	Street Address			pele lear/polystal 2	
Gity		State	2016 20	Date (AMA/BO/YYYY) 5	
	The second second control of the second				
Full Name of Co	Military Control				
Plause 8	Street Address			Date [MM/DB/TYY] \$	
City		944	Zip-Code	Disc (MM/DD/NW) 5	
		Te la M	() · · · · · · · · · · · · · · · · · ·		
House 8	Street Address				
				Date [MM/00/YYY1] \$	
City	Local Committee in American	State	25.60	Data (NAL/DE/YYY) 5	
Full Name of Co	miritustor	inimization staniok d	Chronical Landing	Account Many Association in the	
House #	Street Address			Date [MM/DD/YYY] 5	
City	I		and the code	Date [MMA/DD/YYYY] \$	
, 300000 301		1 1	₩ 00 60 196 4, 4, 6, 6, 14	lee 1	

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.

		Brace	- fe/	Lehol	
FUR Manager Commenced C				DEE MIN/OD/YYY)	45
	Street Addre			Date (MM/DD/YYYY)	
Cast		State	Ztp Code	Date [MM/DD/YYYY]	\$
Fell Hame of Contributing C	rennikae	1.1.2		Date (MM/DD/YYY)	
Mouse #	Street Addre			Date [MM/DD/YYYY]	
COV		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	promiktee			District (MENT/CID/ATTY)	\$
House #	Street Addre			Date [MM/DD/YYYY]	
Gy	ļ.·	State	Zie-Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	ommittee		, , , , , , , , , , , , , , , , , , ,	Date (MAA/DD/YYYY)	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	
City	<u> Principal de la companya de la com</u>	State	Zip Code	Date [AMA/DD/YYYY]	\$
Full Name of Contributing Co				Date (MM/DD/YYY)	
House 8	Street Addre	S		Date [MM/DD/YYYY]	\$
GRY	P. S. C. Marine and C.	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co				Date [MMA/DD/YYYY]	\$
House #	Street Addre			Date (MM/DD/YYYY)	
City		State	Zip Code	Date [MM/DD/YYYY]	3

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Grandlication Humber:	Grace	terle	hlah	
Full Name of Contributor				
House # St	treet Address		Deta (MMA/DD/YYYY) \$	
	Sale Sale	Zip Code	Date [MM/DD/YYYY] - \$	
Employer Name			Occupation	
Principal Place of Busines Pull Hadge of Contributor	2. C.		Data [MA/DO/1797]	
	: 1		American states that a state of the state of	
	treet Address		Date (MAN/DQ/YYYY) 4	
Cley		26 Code	Date (MANA) 100/YYYY) 3	
Employer Name			Octopellas	
Employer Malling Address	36 /			
Principal Place of Busines Full Name of Contributor	88			
Full Name of Control do	25%		See [see/(bo/YYY) \$	
	treet Address		Dinte (MMA/DD/YYYY) \$	
Chy	State	Zip Code	Pair Bank/DO/YYYY 5	-
Employer Name				
Employer Mailing Address			Occupation	
Principal Place of Busines	S			
Full Baine of Contributor			Beer (MON/ADA/ALA)	
House # Sp.	rest Address			
	eet Address		Date (MS/DO/YYY) 3	_
Char	State	Zip Code	Date (MM//DD/YYYY) \$	
Englisher Come		Land in the state of the state	Occupation	
Employer Matting Address	- /		En again time 1	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Full Name				
House 8	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ption			
full Name				
House #	Street Address			
Cky		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ation	Partiets, su		
Full Name				
House #	Street Address			
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ation	(1.2.2)		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	rtion		<u>:::</u>	
Full Name				<u> </u>
House #	Street Address			
Cley		Stète	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	kion	<u> </u>	<u> </u>	
Full Kame				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	Grace	601	Lehigh	
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	Lue of \$50.00 or i		
TOTAL for the reporting period	(1)	\$	7-\$28	
2. IN KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FRO)	Visit 1	
TOTAL for the reporting period	(2)	\$	150	
4. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0. 0 0 (FROM PAKT)		
TOTAL for the reporting period	(3)	\$	Ø	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 ' 1	174	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Brale	fer le	high	
				121
Full Name of Contributor	laria	Braca	5/9// †	160
	dress ARC	Brace 145	Daty [MKY/DD/YYYY]	
Laurys 5	Tarlan State	7 Zip Code 140		\$
Description of Contribution		iler De	5.9n	
Full Name of Contributor			/ Date [MM/DD/YYYY]	\$ 5
House # Street Ade	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	1 5
Description of Contribution				
Full flame of Contributor	<u></u>		Date [MM/DD/YYYY]	5
House # Street Add	dress		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	:	1	1	l
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	<u> </u>
City	State	Zip Code	Date [MM/DD/YYYY]	1 \$
Description of Contribution			.1	<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Ad	dress		Date [MM/DD/YYYY]	1 5
City	State	Zip Code	Date [MM/DD/YYYY]	1 \$
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor			Diete (MM/DD/YYY) \$
louse # Sm	et Address		Dets [MM/DD/YYYY] &
Site	Space	Zip Code	Data [MM/DD/YYYY] \$
ingloyer Name			Occupation
imployer Mailing Address	/ Principal :		Description
Place of Business			of Contribution
Full Name of Contributor	Control of the State Control		Day MEN/DO/MAY
	et Address		Data [AMA/DD/YYYY] \$
City	State	Zip Code	Dista [MM/DD/YYYY] \$
mployer Name		BASSIII A.	Occupation
Employer Mailing Address	/ Principal		Description
Place of Business			of Contribution
Full Name of Contributor	er en stand a sakkitan er i inne		Date (MM/DD/YYYY) \$
House # Stre	et Address		Date [MM/DD/YYY] \$
	State	Zip Code	Date [MM/DD/YYYY] \$
dity	Maria 1		
			Occupation
Employer Name	/ Principal		Description 1
Employer Name Employer Mailing Address	/Pricapil		Description of
Employer Name Employer Mailing Address Place of Business	/ Principal		Description of Contribution
Employer Name Employer Mailing Address Place of Business	/ Principal		Description of
Employer Name Employer Mailing Address Place of Rusiness Full Name of Contributor			Description of Contribution
Employer Name Employer Mailing Address Place of Rusiness Full Name of Contributor	/ Principal et Address		Description of Contribution Sate [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Place of Business Full Maine of Contributor House 3 Streen		ZIP Code	Description of Contribution Sate [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Place of Business Full Hasine of Contributor House # Stre	et Address	ap Code	Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Place of Business Full Hasine of Contributor House # Stre	et Address	To Code	Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Place of Business Full Hame of Contributor House # Stre City Employer Name Employer Name Place of Business	et Address State		Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

Filor identificati	lon Mumber:	Brace	ter	Lehigh
To Whom Pak	d	o 1 (
	()	triut (ente/	5/10/17 7 5.09
House #	C/ Street Address	Print (Blud	Description of Expenditure
City	Mertian	State)	A Code 1481	
To Whom Pak			Manufacture 22.4 Process	Date [MM/DD/YYYY] \$
House #	Street Address	\$		Description of Expenditure
City	PM Park 1 1 2	State	Zip	
		T T T T T T T T T T T T T T T T T T T	Code	
To Whom Pak				Date [MM/DD/YYYY] S
House #	Street Address	i		Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Dete [MMA/DD/YYYY] \$
House #	Street Address			Description of Expenditure
2987	<u> </u>	State	Zip Code	
To Whom Paid			Coss	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	I	State	Zip Code	
To Whom Paid	3.87			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip · · · ·	
To Whom Paid			Code	Date [MM/DD/YYYY] \$
7 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
44			Code	

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.

Filer Identification	Brace	e ter	Lehigh	
Name of Credits				Outstanding Balance of Debt
House #	Street Address		DATE DEST INCURRED	*
Gy .		State	ZSp Conta	
Description of D			Secretary 2.5	
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEST INCUSSES	S
~		State	Zie Code	
Description of D		, topping	Martin State State Laboration 178	Tribuna I
Name of Credition				Outstanding Balance of Debt
House #	Street Address		DATE DEST SECURISED	
Cay		State		
Description of D				
Secret (1) (SAUDE) Herris (1)	Street Address		DATE DEBT INCURRED	Outstanding Salance of Cobt
			[444/00/7777]	
City Description of D		State	Zig Code	
	ings in the second of the seco		****	
Name of Gredite				Outcombing Belonce of Debt
ROUSE #	Street Address		DAJE DEST SICURDED [MAY/SSA/1711]	
Cay		State	20	
Description of D	ebt	-		
Martie of Cruditio		· · · · · · · · · · · · · · · · · · ·		Cratatanding Salance of Debt
House #	Street Address	1	DATE DEST INCURRED [MM/DD/YYYY]	
Cky		State	Zip Code	
Description of D		<u>ka asaa la</u>		. <u>k</u> 1