#### **CAMPAIGN FINANCE REPORT** Name and Address of Filing Candidate or Committee Name: Brown for Commissioner Address: 902 Lawrence Dr. Emmaus, Pa 18049 City, State, Zip: Committee X Candidate **Termination Type of Report Election Date** Amended NO 2017 - 30 DAY POST PRIMARY 05/16/2017 **Termination Report?** Office Sought By Candidate County Party Lehigh County Commissioner District 5 R Lehigh Summary of Receipts & Expenditures From: 05/02/2017 To: 06/05/2017 A. Amount Brought Forward From Last Report *325.78* B. Total Monetary Contributions & Receipts (from Schedule I) 5,129.75 C. Total Funds Available (Sum of Lines A & B) 5,455.53 3.536.34 D. Total Expenditures (from Schedule III) 1,919.19 E. Ending Cash Balance (Subtract Line D from Line C) 25.00 F. Value of In-Kind Contributions Received (from Schedule II) (2,731.59)G. Unpaid Debts & Obligations (from Schedule IV)

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

**\$** 5,129.75

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

	Detailed Summary Page			
Name of Filing Committee or Candidate Brown for Commissioner		Reporting Per From 05		06-05-2017
1. UNITEMIZED CONTRIBUTIONS AN	D RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR	·
	TOTAL for the Reporting Period	d (1)	\$ 50.00	
2. CONTRIBUTIONS \$50.01 TO \$250.	.00 (FROM PART A AND PART	B)	;	
Contributions Received from Political	Committees (Part A)		\$ 250.00	
All Other Contributions (Part B)			\$ 925.00	
	TOTAL for the Reporting Period	d (2)	<b>\$ 1,175.00</b>	
3. CONTRIBUTIONS OVER \$250.00 (I	FROM PART C AND PART D)			
Contributions Received from Political	Committees (Part C)		\$ 2,400.00	
All Other Contributions (Part D)			\$ 1,504.75	
	TOTAL for the Reporting Period	d (3)	\$ 3,904.75	
4. OTHER RECEIPTS - REFUNDS, IN	TEREST EARNED, RETURNED C	HECKS, ETC	C. (FROM PAR	TE)
	TOTAL for the Reporting Period	d (4)	\$ 0.00	
TOTAL MONETARY CONTRIBUTIONS THIS REPORTING PERIOD (Add and el			¢	

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

Cover Page, Item B.)

#### 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				Reporting			
Brown for Commissioner				From _	)5 <b>-</b> 02-20	<u>17</u>	To 06-05-2017
				DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR		
Charlie Dent for Congress			05	04	2017	\$	250.00
Mailing Address P.O Box 442			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b> </b> -	
Allentown	PA	18105 –	<u> </u>	1 20'	ILAN	\$	
Full Name of Contributing Committee	•		MO.	DAY	YEAR		
						\$	******
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	$\vdash$	
						\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address		7	1.00	DAY	VEAR	-	
Marring Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<del> </del>	
		_				\$	
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	T.	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	
		-				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			<b></b>			3	
mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		<del>-</del>				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	Ť	
·				1	124	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		-				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address	-		1 40	- DAY	VEAD	Ě	
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		-				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	<u> </u>
Mailing Address		<u> </u>	MO.	DAY	YEAR	<u> </u>	
·						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		1,11
					<u></u>	\$	
		<b>S</b>				PAC	GE TOTAL
Enter Grand Total of Part A on Scho	edule i	, Detailed Summa	ry Page	, Sectio	n 2.	\$	250.00

DSEB-502 (7-99)

# 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 <u>05-02-2017</u> To <u>06-05-2017</u>

				From _C	15-02-20	17 16 00-03-2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Christopher and Christina Gigler			05	15	2017	<b>\$</b> 75.00
Mailing Address			MO.	DAY	YEAR	*
951 Lawrence Drive			Ì			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Emmaus	PA	18049 –	1			\$
Full Name of Contributor			MO.	DAY	YEAR	
Thomas and Cynthia Hess			05	15	2017	\$ 100.00
Mailing Address		·	MO.	DAY	YEAR	
5180 Aberdene St			-			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Center Valley	PA	18034 _				\$
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	
Lisa Walter			05	15	2017	\$ 200.00
Mailing Address			MO.	DAY	YEAR	200.00
523 Liberty Street			<del>- ~0.</del>	1 541	. EON	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Emmaus	PA	18049 _	m.U.	, UAT	TEAR	\$
			_	ļ		7
Full Name of Contributor Glenn and Julia Geissinger			<u>мо.</u> 05	DAY 15	YEAR 2017	\$ 250.00
Mailing Address	·····			<u> </u>	L	<del>4</del> 250.00
1701 Rolling Meadows Drive			MO.	DAY	YEAR	\$
City	I Conso					
Pen Argyl	State PA	Zip Code (Plus 4) 18072	MO.	DAY	YEAR	
renalgyi		10072 =				\$
Full Name of Contributor			MO.	DAY	YEAR	¢
John Tsiouvaras Insurance Agency, L	LC		05	17	2017	\$ 100.00
Mailing Address			MQ.	DAY	YEAR	\$
245 Main Street						₹
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Emmaus	PA	18049 –	1			\$
Full Name of Contributor			MO.	DAY	YEAR	
Robert M. and Anne D. Episcopo			05	30	2017	\$ 200.00
Mailing Address			MO.	DAY	YEAR	<del></del>
3787 Laurel Lane						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Center Valley	PA	18034 –				\$
Full Name of Contributor			MO.	DAY	YEAR	
				1	, <del>-</del>	\$
Mailing Address			MO.	DAY	YEAR	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1200	\$
City	State	Zip Code (Plus 4)	1 40	BAY	VPAR	
•	"""		MO.	DAY	YEAR	\$
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Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			<b>_</b>			
merring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	<u> </u>			\$
						PAGE TOTAL

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

#### 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		<u> </u>			
Brown for C	Commissioner			From	J5-02-20 	017 <sub>To</sub> 06-05-2017
				DATE		AMOUNT
Full Name of Contributing Committee  Citizens for Pat Browne	<u></u>		<u>мо.</u> 05	DAY	2017	\$ 2,400.00
Mailing Address	,		Mo.		YEAR	\$
435 Business Park Lane	State	Zip Code (Plus 4)	- MO.	DAY	VEAR	2
Allentown	PA	18109 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
City	Ctate	A Ding A				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	Ctato	(2)				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	4
					7500	\$
Mailing Address		<del>*************************************</del>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			MQ.	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	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	<del>-</del>
Mailing Address	**************************************			1	YEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee		_	MO.	DAY	YEAR	\$
Mailing Address		-				\$
City			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I,	Detailed Summary	. Done	Sastion		
	JUNIOUE.L ., .	Detailed Sellillary	raye,	Section	، 3. 🍍	\$ 2,400.00

DSEB-502 (7-99)

#### PAGE 6 OF 12

# 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.)

AEXOIDE CONTRIBUTOR						,	
Name of Filing Committee or Candidate				Reporting			
Brown for Commis		From _	05-02-2	017	To <b>06-05-2017</b>		
				DATE			AMOUNT
Full Name of Contributor			MQ.	DAY	YEAR	4	
Dean N. Browning			05	30	2017	\$	650.00
Mailing Address			MO.	DAY	YEAR		
2432 West Congress Street						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown	PA	18104 -		-		\$	
Employer Name	<u> </u>	<u>*                                      </u>	Occupa		·		_
New World Aviation			Exe	cutive VP	, Finance	2 & <i>F</i>	Administration/CFO
Employer Mailing Address/Principal Place of Business Lehigh Valley International Airport, 987 Po	stal Ro	oad, Allentown, PA 183	109				
Full Name of Contributor			MO.	DAY	YEAR	4	
Nathan Brown			05	06	2017	\$	378.75
Mailing Address			MO.	DAY	YEAR	\$	
902 Lawrence Drive			İ			<b>3</b>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Emmaus	PA	18049 -				\$	
Employer Name		•	Occupa	stion			
CSI			Mg	gr. of Life S	Safety Sy	sten	ns
Employer Mailing Address/Principal Place of Business 4670 Schantz Road, Allentown, PA 1810	)4						
Full Name of Contributor			MO.	DAY	YEAR	-	
						\$	106.00
Nathan Brown Mailing Address			05 Mo.	10 DAY	2017 YEAR		196.00
						\$	160.00
902 Lawrence Drive	State	Zip Code (Plus 4)	05	16	2017		160.00
Emmaus	PA	18049 -	<u>мо.</u> 05	17	YEAR 2017	\$	120.00
Employer Name	JFA_	10043	Occupa		2017	<u> </u>	120.00
CSI				r. of Life S	afety Sys	stem	ns
Employer Mailing Address/Principal Place of Business 4670 Schantz Road, Allentown, PA 18104	 L						
Full Name of Contributor			MO.	DAY	YEAR	\$	
AA. 11.				<u> </u>		*	
Mailing Address			MO.	DAY	YEAR	\$	
City	Lease	T 7:- C-d- (0) A	<b>-</b>	_		_	
on,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name	<u> </u>		000000	<u> </u>	i		
Employer (value			Occupa	itton			
Employer Mailing Address/Principal Place of Business			1				
Full Name of Contributor		<del></del>	MO.	DAY	YEAR		
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Mailing Address			MO.	DAY	YEAR	•	
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢	
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Employer Name			Occupa	ition			
			<u> </u>				
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL \$ 1,504.75

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

DSEB-502 (7-99)

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inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	The state of Dead			_				

#### 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 Pe	eriod
Brown for Commissioner	From(	05-02-2017 <sub>To</sub> 06-05-2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR	LESS PER CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$ 25.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRO	M PART F)
TOTAL for the Reporting Period	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART (	3)
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.)		\$ 25.00

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			P	Reporting	Period	
Brown for Commissioner				From _	05-02-20	017 To 06-05-2017
				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>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				1		
Full Name of Contributor	<del></del>		MO.	DAY	YEAR	
			1		L.	\$
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				<u> </u>		<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		, , ,	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Description of Contribution:		And the second s		<u> </u>	<del></del>	
Full Name of Contributor			₩O.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:				<u> </u>	1	<u> </u>
Enter Grand Total of Part F on Sch	nedule II,	, In-Kind Contribu	itions De	etailed		PAGE TOTAL \$ 0.00
Summary Page, Section 2.					,	\$ 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	05-02-2	017 <sub>To</sub> 06-05-2017		
				DATS		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR			
						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	Li.		Occupa	tion	1			
					4 Th Tab.			
Employer Mailing Address/Principal Place of Business			Descrip	otion of Cor	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	11		Occupa	tion	L			
Employer Mailing Address/Principal Place of Business			Descrip	otion of Cor	ntribution			
Full Name of Contributor			MO.	DAY	YEAR	•		
						\$		
Mailing Address			MQ.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
		***			<u> </u>			
Employer of Contributor			Occupa	tion				
Employer Mailing Address/Principal Place of Business			Descrip	Description of Contribution				
				1 544	VEAD	T		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		,	MQ.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR			
,		<u>-</u>				\$		
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Place of Business			Descrip	otion of Col	ntribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR			
						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	1 1		Occupa	ition	<u> </u>			
Employer Mailing Address/Principal Place of Business			Descrip	ation of Co-	atribution			
Employer Mailing Address/Principal Place of dusiness			Description of Contribution					
	4	1_ 1/1	43	D = 4 = 11 - 1		PAGE TOTAL		
Enter Grand Total of Part G on Sche Summary Page, Section 3.	aule II	, in-Kind Contrib	utions i	Jetailed		\$ 0.00		

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

■ · · · · · · · · · · · · · · · · · · ·	Reporting Period	
Brown for Commissioner	From <b>05-02-2017</b> To	06-05-2017

To Whom Paid Lehigh County Government Center			MO.	DAY	YEAR	Amount	
Mailing Address	05	03	2017	\$ 25.00			
17 South 7th St.	Description of Expenditure  CD – Addresses for District 5 voters						
City	State	Zip Code (Plus 4)	CD =	Aggress	es for Di	strict 5 voters	
Allentown	PA	18101 _			*****		
To Whom Paid Times News			MQ.	DAY	YEAR	Amount	
Mailing Address		\	05	03	2017	<b>\$</b> 378.75	
1633 North 26 <sup>th</sup> Street			1	on of Exp or East P		lisbury Press	
Allentown	State PA	Zip Code (Plus 4) 18104					
To Whom Paid			MO.	DAY	YEAR	Amount	
Communication Concepts  Mailing Address			05	17	2017	<b>\$</b> 2,531.59	
2906 William Penn Highway Suite 401				on of Exp			
City	State	Zip Code (Plus 4)	Maile	r, autom	nated cal	li .	
Easton	PA	18045 —					
To Whom Paid			MO.	DAY	YEAR	Amount	
April Harold  Mailing Address			05	17	2017	\$ 125.00	
6246 Venture Court			Description of Expenditure  Newspaper ad, mailer, invitations				
Slatington	State PA	Zip Code (Plus 4) 18080 _			<u> </u>		
To Whom Paid			MO.	DAY	YEAR	Amount	
Nathan Brown			05	17	2017	\$ 120.00	
Mailing Address 902 Lawrence Drive			1	on of Exp			
Emmaus	State PA	Zip Code (Plus 4) 18049 _					
To Whom Paid			MO.	DAY	YEAR	Amount	
Nathan Brown			05	17	2017	\$ 160.00	
Mailing Address				on of Expe		<b>y</b> 100.00	
902 Lawrence Drive			Election	n night	hospitali	ity - reimbursement	
Emmaus	State PA	Zip Code (Plus 4) 18049					
To Whom Paid			MO.	DAY	YEAR	Amount	
Nathan Brown			05	17	2017	<b>\$</b> 196.00	
Mailing Address				on of Expe		Ψ 10.00	
902 Lawrence Drive			1		burseme	ent	
Emmaus	State PA	Zip Code (Plus 4) 18049 _		<del></del>			
To Whom Paid		L	840	54.4	Vr. c	Amount	
			MO.	DAY	YE AR	\$	
Mailing Address			Description	on of Expe	inditura	3	
City	State	Zip Code (Plus 4)	<del> </del>				
	3.3.0						

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\* 3,536.34

# 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  Brown for Commissioner			Reporting Period From 05-02-2017 To 06-05-2017			
Communication Concepts  Mailing Address	¥ - 2	<b></b>			\$ 2,731.59	
2906 William Penn Highway Suite 401	DATE DEBT INCURRED	<u>мо.</u> 05	DAY 02	YEAR 2017		
City Easton	meenics	State PA	Z:p Code 18045	(Plus 4)		
Description of Debt Printed material, automated phone calls						
Name of Creditor		-			Outstanding Balance of Debt	
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$	
City	INCURRED	State	Zip Code	Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$	
City	INCURRED	State	Zip Code	(Plus 4)		
Description of Debt				_		
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$	
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	<b>3</b>	
City	INCORRED	State	Zip Code	(Plus 4)		
Description of Debt			·			
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$	
City	INCURRED	State	Zip Code	(P!us 4)		
Description of Debt				<u></u>		
					PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page	e 1, Report Cover	Page, It	em G.		\$ 2,731.59	