	CA	MPAIGN F	INANCE REP	ORT			
							
Name: Address: City, State	e, Zip:	Brace for L 227 N 9 th St Allentown I					
Candidate	:		Committee			X	
Type of R	eport		Election Date	Amend	ed	Termination	
2017 – 2 nd	Friday Pre-Election	on	11/07/2017	NO			
Terminati	on Report?						
Office Sought By Candidate			Party	County	nty		
Lehigh County Commissioner Dist #4				Lehigh			
	Sumi	nary of Rec	eipts & Expend	litures			
From:	06/06/2017		To:	10/23/2	2017		
A. Amoun	t Brought Forwa	rd From Las	t Report	l	727.89		
B. Total M	Ionetary Contrib	utions & Rec	ceipts (from Sche	edule I)	0.00		
C. Total Funds Available (Sum of Lines A & B)					0.00		
D. Total Expenditures (from Schedule III)					250.	00	
E. Ending	Cash Balance (S	ubtract Line	D from Line C)		477.	89	
F. Value o	f In-Kind Contri	outions Rece	ived (from Sched	lule II)	78.0	0	
G. Unpaid	Debts & Obligat	ions (from S	chedule IV)		0.00		

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

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Brace Lev Cehigh	From		То
<i>y</i>			
LIGHTENIZED COMTRIBUTIONS AND RECEIPTS 1850.00 OR DESS	Tarikani Tarikani	rineri	N
TOTAL for the Reporting Perio	d (1)	\$	0
A Read Controlling Villa West, reading for the Artigother Control And Section 18 (18 18 18 18 18 18 18 18 18 18 18 18 18 1			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Period	d (2)	\$	A
		I	
STECHNICHBUTIONS ENTER SEBOOG FROM PART CLAND PART D			
Contributions Received from Political Committees (Part C)		\$	Ø
All Other Contributions (Part D)		\$	1
TOTAL for the Reporting Period	d (3)	\$	Ì
CARCOLHER RECEIPOS CARECANOS EN OS PARAS ESTABLICADA RESUMINES E			
TOTAL for the Reporting Period		100	
		7	
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.)		\$	d

PAGE 3 OF 12

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	1	1 1	Reporting Pe	riod
Brace ter	L	chool	From	То
		Ü	DATE	AMOUNT
Full Name of Contributing Committee			<i>建二次数量17.74</i> 5 (4)	\$
Mailing Address		······································	EMORE REPAYEE	· AT #8
A14.	I Basas 1	Tim Code (Slum A)		\$
City	State	Zip Code (Plus 4)		S S
Full Name of Contributing Committee			STILE WAYS	
Mailing Address				\$
				\$
City	State	Zip Code (Plus 4)		¥A!## \$
Full Name of Contributing Committee	<u>i</u>		数10.00 等.7.7 数 等	
The state of the s			31-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1-38-1 - 1	\$
Mailing Address			## To be ## 5/ V. ## 75	s s
City	State	Zip Code (Plus 4)		
				\$
Full Name of Contributing Committee			医70厘米克尔兰虫	\$
Mailing Address				
				\$
City	State	Zip Code (Plus 4)	HANGE HISTORY	^g ∆:≅ \$
Full Name of Contributing Committee	<u></u>			
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		
		_		\$
Full Name of Contributing Committee			第 77章 至 77章 类	\$
Mailing Address		• · · · · · · · · · · · · · · · · · · ·		-A.
				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee	.			(3),23
Mailing Address				\$
manning musices				\$
City	State	Zip Code (Plus 4)	MO 1.500 SHE 1773 IN.	
	ليبا	_		\$
Full Name of Contributing Committee			Account to the second s	\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		
		_		\$
Entry Crand Tatal of Boyt A on Colo	ا داداد	Detailed Commercial	ne Book Cartis	PAGE TOTAL
Enter Grand Total of Part A on Sche	auie i,	, Detailed Summar	y rage, Section	2. \$ //
DOED EAR /7-00)				—

1.0		17
PAGE 4	OF	10
		~~~

# 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.)

	e for Ce		DA	TE	AMOUNT
Full Name of Contributor		<u> </u>		New William	\$
Mailing Address			100	SY458 (52.77.17.88)	
City	State	Zip Code (Plus 4)	and the same state of	Na Sier	\$
		_			\$
Full Name of Contributor			143.0	New William	\$
Mailing Address		***************************************		N## #8471.##	\$
City	State	Zip Code (Plus 4)	### X ! ? ### ### ## ##	\$ 47.7 kg/s	
		-			\$
ull Name of Contributor					\$
failing Address			-MG. D	YEAR	\$
lity	State	Zip Code (Plus 4)	- 1/C	V# 80:V.₩	_
ull Name of Contributor				See to the	\$
					\$
Mailing Address			MCAL FOR	Yall Hyfanse	\$
<b>Elty</b>	State	Zip Code (Plus 4)		YEAR	\$
ull Name of Contributor				() 整 (1/1) 高	
Mailing Address				Vales at 2000 V Vales	\$
					\$
Sity	State	Zip Code (Plus 4)	25 (1) Feb. 23 7.	人等到不利	\$
ull Name of Contributor			## 110 Table ### - 7	V44 <b>2</b> 7777.5%	\$
Mailing Address					
ity	State	Zip Code (Plus 4)			\$
	State	Zip Code (Flus 4)			\$
ull Name of Contributor					\$
ailing Address			## <b>1</b> (0.7 m)		
ity	State	Zip Code (Plus 4)		1. Act 45. 1. 166	\$
				·	\$
Ili Name of Contributor			M0. 67	YEAR	\$
alling Address			MG. D	Y	\$
ty	State	Zip Code (Plus 4)		Value of the second	
		_			\$
					PAGE TOTAL

Reporting Period

#### 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

Brace ter	/ [	elwyh		From _		То
				DATE		AMOUNT
Full Name of Contributing Committee			353 324		##137.##	S
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- 10 A			\$
Full Name of Contributing Committee			## P. ##	A PONTAGE	學,八個	\$
Mailing Address	<del></del>		<b></b>	DAY	#4771.# <u>2</u>	\$
City	State	Zip Code (Plus 4)	<b>3400</b> ,	DAY	YEAR	\$
Full Name of Contributing Committee	1			DÄY	搬行の機	\$
Mailing Address			500 ( 670)	DAY	E-YEAR	\$
City	State	Zip Code (Plus 4)	##(/ ₍₀ )		難で小業	\$
Full Name of Contributing Committee			20 <b>X</b> (2)	MOVE	**************************************	\$
Mailing Address			3-MO2	DAY	**************************************	\$
City	tate	Zip Code (Plus 4)	E Me	DAY		\$
Full Name of Contributing Committee				DAY	能力達	\$
Mailing Address			# <b>\$\$</b> 10 =	DAY	AVY ZIEW	\$
City	tate	Zip Code (Plus 4)	410	DAY	YEAR	\$
Full Name of Contributing Committee				: :XY	整/方言	\$
Mailing Address				· • • • • • • • • • • • • • • • • • • •		\$
City	tate	Zip Code (Plus 4)			- XEXD	\$
Full Name of Contributing Committee				W. Art		\$
Mailing Address			<b>Sto</b>	DAY	YEAR	\$
City	tate	Zip Code (Plus 4) —	Alv.	#2/*\	YEAR	\$
Full Name of Contributing Committee			MG.	DAY	#YEXE	\$
Mailing Address	<del></del>			SZTAVEŠ	<b>\$</b> ./\\$	\$
City	itate	Zip Code (Plus 4)		TAY	YEAR	\$
Enter Grand Total of Part C on Schedu	le I,	Detailed Summary	/ Page,	Section	n 3.	\$

# ALL OTHER CONTRIBUTIONS

PAGE _____ OF _______

### 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	Chil	Reporting Period	<b>*</b> -
Grace for	Towar	From	То
		DATE	AMOUNT
Full Name of Contributor	•		\$
Mailing Address		#2 10 528 28 0 1 V 20 EV 7 1 E	\$
City	State Zip Code (Plus 4)	<b>数1.1.1</b> 数 数5.7.7 数 数7.7.1 数	
Employer Name		Occupation	\$
		Occupation.	
Employer Mailing Address/Principal Place of Busin	ness		
Full Name of Contributor		MOS SAY YEAR	\$
Mailing Address		SEEMERS (第·XX) 在 数次公司	\$
City	State Zip Code (Plus 4)		
			\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Busin	ness		***
Full Name of Contributor		鐵行機 整次學 海沙八縣	٥
Mailing Address			\$
			\$
City	State Zip Code (Plus 4)	<b>建设工作的 地名</b>	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Busin	ness		
Full Name of Contributor		MOVE SEVEN S	\$
Mailing Address		SAMONS ESPANAS SINIANS	\$
City	State Zip Code (Plus 4)		•
Employer Name		Occupation	\$
Employer Mailing Address/Principal Place of Busin	ness		
Full Name of Contributor		群 1 秦 森 1 秦 秦 1 3 秦	\$
Mailing Address			
City	State   Zip Code (Plus 4)		\$
			\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Busin	ness	•	
Entre Court Transit of Day 2			PAGE TOTAL
Enter Grand Total of Part D on Sc	cnedule I, Detailed Summa	y Page, Section 3.	\$
SEB-502 (7-99)			

PAGE	<u> </u>	ÓF	 1

# 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.

lame of Filing Committee or Candidate			1 _		···
	<u> </u>	Lelwigh	From		То
_					
ull Name		<u> </u>			
alling Address					
ity	State	Zip Code (Plus 4)			Amount .
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failing Address					
lity	State	Zip Code (Plus 4)		A ( A) VA	Amount \$
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Mailing Address					
City.	State	Zip Code (Plus 4) —			Amount \$
			<u> </u>	<u> </u>	
leceipt Description					/

#### 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 Eiling Committee or Candidate	Reporting Per	iod To
ERENTHEMENER (INC. TO STANDING OF STREET STREET, STREE	Same Control	
TOTAL for the Reporting Perio	od (1)	\$
		/
ZAZNEKINO SEMIMBUTIONS RECEIVED ZEVALLE () ZEKON (O) 52		existrative company
TOTAL for the Reporting Perio	od (2)	s 78
EN E	71' 3' 27' ( ) E	
TOTAL for the Reporting Perio		
		/
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.)		s 78

PAGE 9 OF 12

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
				From _		To
				DATE		AMOUNT
Full Name of Contributor		_	Mox	E MALEY LYAN		
Mailing Address	ra	e -e	17	1	17	\$ 78
313 N 1013 St	11	StFloor	MO.	DAY	YEAR	\$
Allentown	177	Zip Code (Plus 4)	241/10/6		YEAR	\$
Description of Contribution: February has	5/50	5 - 6 men	125	·		
Full Name of Contributor				DAY		
			BASS	DAY	Z ZEAR	\$
Mailing Address			MO.	- 9AY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.		YEAR	*
		_	and the control of	25.70	a Production and	\$
Description of Contribution:			<del> </del>			
Full Name of Contributor				io meet verse	k Mary Tarana	
				DAY	TEAR	\$
Mailing Address			Me.	DAY	YEAR	•
City	State	Zip Code (Plus 4)	. HO.	DAY	YEAR	\$
		_	MARKET STATE OF THE STATE OF TH			\$
Description of Contribution:				- <del></del>		
Full Name of Contributor				iii sakiridarinaranakting	P Unicedimental substitutes	
			0000	OAT		\$
Mailing Address			MÖ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	5/3/64		4
		-				\$
Description of Contribution:					L	
Full Name of Contributor			Service Commission		SEASO ANNA MARKAMANA	
			MD.	GAY	3072AH	\$
Meiling Address			. Mo.	DAY	VEAL	•
City	State	Zip Code (Plus 4)	MO.	15457		\$
				, service		\$
Description of Contribution:					**************************************	
Full Name of Contributor			64.50	FOX		
			2850.1 (200			\$
Mailing Address			MO.	224	YEAR	\$
City	State	Zip Code (Plus 4)	ue.	SOAY!	YEAR	-
	l	<del></del>			A Paris	\$
Description of Contribution:					A.	
Enter Grand Total of Part F on Sched	ule II,	, In-Kind Contributi	ons De	tailed		PAGE TOTAL
Summary Page, Section 2.		•				\$ 78

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Landidate Sov Colvy h	Reporting Period
istace for comy	From To
Full Name of Contributor	DATE AMOUNT
Tall Galle of Softh Date	\$
Mailing Address	MO = DAY YEAR S
City State Zip Code (Plus	4) S
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	
Mailing Address	S S S S S S S S S S S S S S S S S S S
City State Zip Code (Plus	
Imployer of Contributor	Occupation
mployer Mailing Address/Principal Place of Business	Description of Contribution
full Name of Contributor	S S
failing Address	S YOUR STANKS S
City State Zip Code (Plus 4	
mployer of Contributor	Occupation
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ull Name of Contributor	
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ity State Zip Code (Plus 4	
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nployer Mailing Address/Principal Place of Business	Description of Contribution
III Name of Contributor	
alling Address	
ty State Zip Code (Plus 4)	
aployer of Contributor	Occupation \$
ployer Mailing Address/Principal Place of Business	Description of Contribution
nter Grand Total of Part G on Schedule II, In-Kind Contri ummary Page, Section 3. B-502 (7-99)	butions Detailed \$ PAGE TOTAL

### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period
			From To
To Whom Paid Zanelli for (	du	vm i Egyme	S 250
Mailing Address			Deschiption of Expenditure
City	State	Zip Code (Plus 4)	John Growser Buff
To Whom Paid			Amount \$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			MO DAY YEAR Amount
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City	State	Zip Code (Plus 4)	
To Whom Paid			NO. DAY YEAR Amount
Mailing Address		,	Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4) —	
To Whom Paid			Amount \$
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City	State	Zip Code (Plus 4)	
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Mailing Address		and the second s	Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4) —	
	<del></del>		PAGE TOTAL A
Enter Grand Total of Expenditures on Pa	ge 1, i	Report Cover P	

PAGE	12	OF	12
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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 Candidate	$\sim \Omega$		Reporting	Period	
brace tertier	104		From _		То
Name of Craditor					
toria of Gravitor					Outstanding Balance of D  \$
Mailing Address	DATE DEBT	MG	DAY	YEAR	
City	INCURRED	State	Zin Cod	e (Plus 4)	
			2.0 000	-	
Description of Debt			<del>*   </del>		
lame of Creditor					
failing Address					Outstanding Balance of De \$
rating Address	DATE DEBT	MO.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	The second secon
peckinting of Daha			-	_	4.7
escription of Debt					
ame of Creditor					Outstanding Balance of De
ailing Address					\$
•	DATE DEBT	MO.	DAY	YEAR	
ty	INCURRED	State	Zip Code	(Plus 4)	
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ailing Address	DATE			<i>*************************************</i>	e e
	DEBT INCURRED	MO.	DAY:	YEAR	774
ty		State	Zip Code	(Plus 4)	
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me of Creditor					Outstanding Balance of Del
iling Address	DATE	Mo	DAY	Vett	\$
У	DEBT INCURRED				
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,	DEST INCURRED				
	<u>-</u>	State	Zip Code (	Plus 4)	
cription of Debt					
ter Grand Total of Linnaid Dahes on Day					PAGE TOTAL
ter Grand Total of Unpaid Debts on Page 1,	Report Cover	Page, Ita	em G.		\$ (7)
				<b>5.</b>	