	CA	MPAIGN I	FINANCE REP	ORT		
						-
Name:		Brown For	· Commissioner	···	<del></del>	
Address:	!	902 Lawrei				
City, State, 2	Zip:	Emmaus P	A 18049			
~ 10 1		Т	<u> </u>		·	1
Candidate			Committee			X
Type of Rep	ort	<u> </u>	Election Date	Ameno	led	Termination
2017 – 30 Da	ny Post Primary	1	05/16/2017 YE		S	
Termination	Report?					
Office Sough	nt By Candidate	)	Party	County	y	
Lehigh Coun	ty Commissioner	r Dist #5	R	Lehigh		
	Summ	nary of Rec	ceipts & Expend	litures		
From:	05/02/2017		To:	06/05/2	017	
A. Amount B	Brought Forward	d From Las	t Report		325.	78
B. Total Mon	etary Contribu	tions & Rec	ceipts (from Schee	dule I)	4,275.00	
C. Total Fund	ds Available (Su	ım of Lines	A & B)		4,600.78	
D. Total Expe	enditures (from	Schedule II	(I)		3,530	5.34
E. Ending Ca	sh Balance (Sul	btract Line	D from Line C)		1,064	1.44
F. Value of In	-Kind Contribu	utions Recei	ived (from Sched	ule II)	25.00	)
G. Unpaid De	ebts & Obligation	ons (from Sc	chedule IV)		(-2,7	31.59)

<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 Brown for Commissioner	Reporting Per From 05	iod -02-2017 To 06-05-2017
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	<b>TRIBUTOR</b>
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 Perio	d (2)	<b>\$</b> 1,175.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 2,400.00
All Other Contributions (Part D)		\$ 650.00
TOTAL for the Reporting Perio	d (3)	\$ 3,050.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ET	C. (FROM PART E)
TOTAL for the Reporting Perio	od (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		<b>\$</b> 4,275.00

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  Brown for Commissioner			Reporting		117	To 06-05-2017	
			From 05-02-2017 To 06-05-2017				
Full Name of Contributing Committee				DATE			AMOUNT
Charlie Dent for Congress			<u>мо.</u> 05	DAY 04	2017	\$	250.00
Mailing Address P.O Box 442	•		MO.	DAY	YEAR	\$	250.00
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ļ <u> </u>	
Allentown	PA	18105 –		J DAT	TEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	<del>                                     </del>	
City	State					\$	
	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	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	<b> </b>	
					. EGN	\$	
ull Name of Contributing Committee			MO.	DAY	YEAR	*	
Mailing Address	<del></del>		MO.	DAY	YEAR	\$	
City				1	TEAN	\$	
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee			MO.	DAY	YEAR	*	
failing Address					TEAR	\$	
-			MO.	DAY	YEAR	\$	
ity	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
		_				\$	
ull Name of Contributing Committee			MQ.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
ity	State	Zip Code (Pius 4)				\$	
			MO.	DAY	YEAR	\$	
ull Name of Contributing Committee			MO.	DAY	YEAR		
ailing Address			wa	0.47		<u> </u>	
			MO.	DAY	YEAR	\$	-
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		_	<u></u>			\$	
nter Grand Total of Part A on Sch	edule I,	Detailed Summary	v Page	Section	, ,	PAGE 1	
	•		,3-,	555101	·	<b>\$</b> 2	50.00

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

				DATE		AMOU	VT.
Full Name of Contributor			MO.	DAY	YEAR	\$ 75.00	
Christopher and Christina Gigler			05	15	2017	<b>\$</b> 75.00	
Mailing Address 951 Lawrence Drive			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Emmaus	PA	18049 –	MO.	UAT	TEAR	\$	
Full Name of Contributor			MQ.	DAY	YEAR	<u> </u>	<u> </u>
Thomas and Cynthia Hess			05	15	2017	\$ 100.00	
Mailing Address			MO.	DAY	YEAR	<b>A</b>	
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			MQ.	DAY	YEAR	\$	
523 Liberty Street						<b>.</b>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Emmaus	PA	18049 –				\$	
Full Name of Contributor			MO.	DAY	YEAR		
Glenn and Julia Geissinger			05	15	2017	\$ 250.00	
Mailing Address			MO.	DAY	YEAR	•	
1701 Rolling Meadows Drive						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Pen Argyl	PA	<b>18072</b> _				\$	
Full Name of Contributor	•		MO.	DAY	YEAR		
John Tsiouvaras Insurance Agency, LLC			05	17	2017	\$ 100.00	
Mailing Address			MO.	DAY	YEAR		
245 Main Street						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Emmaus	PA	18049 –				\$	
Full Name of Contributor			MO.	DAY	YEAR	<b>*</b>	
Robert M. and Anne D. Episcopo			05	30	2017	\$ 200.00	
Mailing Address			MO.	DAY	YEAR	\$	
3787 Laurel Lane						<b>.</b>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Center Valley	PA	18034 –				\$	
Full Name of Contributor			MO.	DAY	YEAR	<b>*</b>	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
						<b>*</b>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
	<u> </u>	_				\$	
Full Name of Contributor			MO.	DAY	YEAR	•	
						\$	
Mailing Address			MO.	DAY.	YEAR	•	
						\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR		
					<u> </u>	\$	
						PAGE TOTAL	
Fotos Crand Total of Bost B on Coho	dul- 1	Detailed Summer	v Dess	Saction	n 2	s 925.00	
Enter Grand Total of Part B on Schee	uule l	, Derailed Sawwat	y rage,	24c(i0	II <b>4.</b>	I •	

#### 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.

			Reporting		247		
Brown for Commissioner			From 05-02-2017 To 06-05-2017				
				DATE			AMOUNT
Full Name of Contributing Committee  Citizens for Pat Browne			мо. 05	15	YEAR 2017	\$	3 400 00
Mailing Address			Mo.	DAY	YEAR	╁──	2,400.00
435 Business Park Lane	State	Zip Code (Plus 4)				\$	
Allentown	PA	18109 –	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	•	
					1.500	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	<del>                                     </del>	
Mailing Address						\$	
The state of the s			MQ.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		-				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	<del>                                     </del>	
City	State	Zip Code (Plus 4)				\$	
	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address			100			\$	
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		_	4			*	
			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	3	
		<del>-</del>			TEAN	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	4	
City						\$	
5.07	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		
		_				\$	
Enton Chand Total 4 D 1 C						PAGE	TOTAL
Enter Grand Total of Part C o	n Schedule I,	<b>Detailed Summary</b>	/ Page,	Section	3.	\$ 2	2,400.00

## ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

Reporting Period

#### 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

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Brown for Commissioner				From	05-02-20	017 To 06-05-2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ 650.00
Dean N. Browning			05	30	2017	<b>650.00</b>
Mailing Address			MO.	DAY	YEAR	
2432 West Congress Street			1	l '	1	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	PA	18104 -		-		\$
Allentown		10104	ليبيا			4
Employer Name			Occupation		<b></b>	n 4 designation/CFO
New World Aviation			Execu	Jtive VY,	, Finance	& Administration/CFO
Employer Mailing Address/Principal Place of Business		····				
Lehigh Valley International Airport, 987 Po	stal Ro	ad, Allentown, PA 181	10 <del>9</del>			,
Full Name of Contributor			MO.	DAY	YEAR	\$
			<u> </u>	l'	l	· · · · · · · · · · · · · · · · · · ·
Mailing Address			MO.	DAY	YEAR	\$
			_ <u></u>			j <b>&gt;</b>
City	Terre	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State	AID CODE ILIA	MO.	Uni	1500	
	<b>│</b>		'			\$
Employer Name			Occupation	on		
Additional Plans of Business						
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
Full Name of Controdict						\$
			<del>                                     </del>	DAY	VEAR	
Mailing Address			MO.	DAY	YEAR	\$
			· •		1	•
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
·		_				<b>  \$</b>
	ئـــــــــــــــــــــــــــــــــــــ	<u> </u>	<del> </del>	<u></u>	لــــــل	
Employer Name			Occupation	on		
			l			
Employer Mailing Address/Principal Place of Business						
				- 24V	175 A D	
Full Name of Contributor			MO.	DAY	YEAR	\$
				<u> </u>	<u> </u>	
Mailing Address			MO.	DAY	YEAR	
			į į			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	3.4.4	Zip Gode ii .uu 🦏			I FOR	\$
<u></u>	'			<u> </u>	<u> </u>	
Employer Name			Occupati	on		
			ŀ			j
Employer Mailing Address/Principal Place of Business						
Temployer matting modress/rincipal riece of Dutimote						!
<u></u> _						
Full Name of Contributor			MO.	DAY	YEAR	
full halls of semi-sets.						<b>1</b> \$
			<del></del>	DAY	YEAR	<u> </u>
Mailing Address			MO.	<u> </u>	I EOD	<b>1</b> \$
					<u>                                     </u>	<u> </u>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	'	-	i			\$
Employer Name		L	Occupati	ion		<u> </u>
Employer Name			555555	<b>U</b>		
Employer Mailing Address/Principal Place of Business	,					<del></del>
Enter Grand Total of Part D on Sche	-dub	Deteiled Summar	ry Page	Section	m 3	PAGE TOTAL
EUGE CISIO LOTAL OF LAIL D. OF COMP	Aure .	, Derailed Collins	7 ' "3",	000	11 5.	<b>s</b> 650.00

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.

Brown for Commiss	sioner			From	05-02-20	017 <sub>To</sub> 06-05-2017
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						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				<u> </u>		
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	<del></del>					
						PAGE TOTAL
Enter Grand Total of Part E on Schee	dule i,	<b>Detailed Summary</b>	Page,	Section	n 4.	\$ <sub>0.00</sub>

Name of Filing Committee or Candidate

#### 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 Per	g Period					
Brown for Commissioner	From0	5-02-2017 <sub>To</sub>	06-05-2017				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR I	LESS PER CO	NTRIBUTOR				
TOTAL for the Reporting Perio	od (1)	\$ 25.00					
TO STATE OF	00 (EPO)	* DART E					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	.50.00 VINOR	A PARI F					
TOTAL for the Reporting Perio	od (2)	\$					
- WALLE OVER COMPANY OF THE OVER COMPANY	OL BART C	Na ta da ta a ta a ta a ta a ta a ta a t	gori desperiores personales				
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	UM FARI	3)					
TOTAL for the Reporting Perio	od (3)	\$					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		\$ 25.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			] [	Reporting	Period	
Brown for Commissioner						1017 то <u>06-05-2017</u>
				DATE		AMOUNT
Full Name of Contributor	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		L	_1	<u> </u>	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
					TEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					<u></u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	3(8(4	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	***		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	11			<u>L</u>		
Full Name of Contributor			1 340			
	TT		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		_1	<b>!</b>		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	3
Description of Contribution:		_			TEPAN	\$
Description of Contribution:						
Enter Grand Total of Part F on Sched Summary Page, Section 2.	lule II,	In-Kind Contribut	ions De	tailed		PAGE TOTAL \$ 0.00

DSEB-502 (7-99)

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

		TOL OTEN 4		_							
Name of Filing Committee or Candidate		- 144 (144)		Re	porting	Period					
Brown for Commissioner				F	rom _	05-02-2	017	To _	06-05	5-2017	<u> </u>
					DATE			Α	MOUN'	r	
Full Name of Contributor			MO	2	DAY	YEAR	\$				
Mailing Address			MO		DAY	YEAR	\$				
City	State	Zip Code (Plus	(4) <u>MO</u>		DAY	YEAR	\$				
Employer of Contributor	<b>.</b>		Occup	pation	)	<u> </u>					<del></del>
Employer Mailing Address/Principal Place of Business	· · ·		Descr	iption	n of Con	tribution					
Full Name of Contributor			MO		DAY	YEAR	\$				
Mailing Address		<del></del>	MO		DAY	YEAR	\$				
City	State	Zip Code (Plus —	(4) <u>MO</u>	-	DAY	YEAR	\$				
Employer of Contributor					<b>1</b>	1					
Employer Mailing Address/Principal Place of Business			Descr	iptio	n of Con	tribution					
Full Name of Contributor			MO		DAY	YEAR	\$				) <del>************************************</del>
Mailing Address			MO		DAY	YEAR	\$			****	
City	State	Zip Code (Plus —	4) MO		DAY	YEAR	\$		· •,		
Employer of Contributor	<b>1</b>		Occuj	Occupation							
Employer Mailing Address/Principal Place of Business			Descr	Description of Contribution							
Full Name of Contributor			МО		DAY	YEAR	\$	·			
Mailing Address			MO		DAY	YEAR	\$		- ,,,,,		
City	State	Zip Code (Plus —	4) <u>MO</u>		DAY	YEAR	\$				
Employer of Contributor			Oceu	pation	1						
Employer Mailing Address/Principal Place of Business			Descr	ription	n of Con	tribution					
Full Name of Contributor			MO		DAY	YEAR	\$				
Mailing Address			МО		DAY	YEAR	\$				
City	State	Zip Code (Plus —	4) MO		DAY	YEAR	\$				
Employer of Contributor			Осси	pation	)						
Employer Mailing Address/Principal Place of Business			Descr	ription	n of Con	tribution					

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ 0.00

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

			1 -	lanaria.	Daried			
Name of Filing Committee of Candidate  Brown for Commissioner			1	Reporting Period From 05-02-2017 To 06-05-2017				
brown for Commissioner			l	From _	U3-U2-2U	017 To 06-05-2017		
To Whom Paid			MQ.	DAY	YEAR	Amount		
Lehigh County Government Center			05	03	2017	\$ 25.00		
Mailing Address			1	ion of Exp				
17 South 7th St.			CD -	<u>Address</u>	es for Dis	strict 5 voters		
Allentown	State	Zip Code (Plus 4) 18101 —						
		10101 -	ļ			- X		
To Whom Paid Times News			<u>мо.</u> 05	DAY 03	YEAR 2017	Amount \$ 378.75		
Mailing Address				ion of Exp		\$ 376.73		
1633 North 26 <sup>th</sup> Street				=		isbury Press		
City	State	Zip Code (Plus 4)						
Allentown	PA	18104 _						
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount		
Communication Concepts			05	17	2017	<b>\$</b> 2,531.59		
Mailing Address			1 - '	ion of Exp				
2906 William Penn Highway Suite 401			Maile	r, autom	ated cal			
Easton	State	Zip Code (Plus 4) 18045 —						
	1.7	10043				Amount		
To Whom Paid			MO.	DAY	YEAR			
April Harold Mailing Address			05 Descript	17	2017 enditure	\$ 125.00		
6246 Venture Court			1 '	-		invitations		
City	State	Zip Code (Plus 4)	1 IVCW3	poper de	, maner,	111111111111111111111111111111111111111		
Slatington	PA	18080 _	1					
To Whom Paid		1	MO.	DAY	YEAR	Amount		
Nathan Brown			05	17	2017	\$ 120.00		
Mailing Address				tion of Exp				
902 Lawrence Drive			Poll v	vorkers -	reimbur	sement		
Emmaus	State PA	Zip Code (Plus 4) 18049 _						
			<b>↓</b>					
To Whom Paid			MO. 05	DAY 17	2017	Amount \$ 160.00		
Nathan Brown Mailing Address				tion of Exp		3 100.00		
902 Lawrence Drive			•			ity - reimbursement		
City	State	Zip Code (Plus 4)						
Emmaus	PA	18049 –						
To Whom Paid			MO.	DAY	YEAR	Amount		
Nathan Brown			05	17	2017	\$ 196.00		
Mailing Address			I .	tion of Ex				
902 Lawrence Drive	1	T =: 0 - 4 - (0) - 4)	Posta	ige - rein	bursem	ent		
City	PA	Zip Code (Plus 4) 18049						
Emmaus	1''	10013	<u> </u>					
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descrip	tion of Ex	penditura			
mailing Address								
City	State	Zip Code (Plus 4)	1					
		_						
	•					PAGE TOTAL		
Enter Grand Total of Expenditures on Pa	ane 1	Report Cover 5	Page H	tem D		\$ 3,536.34		
Cuter Otatio Total of Exhauditings on Le	-3- I,	TISPOIL COAR!	~J~, ''			<b>Ξ</b> Ψ		

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

DSEB-502 (7-99)

# 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 <b>05-02-2017</b> To <b>06-05-2017</b>		
Name of Creditor  Communication Concepts  Mailing Address					Outstanding Balance of Deb \$ 2,731.59
2906 William Penn Highway Suite 401	DATE DEBT	MO		YEAR	
Easton	INCURRED	05 State PA		2017 e (Plus 4)	
Description of Debt Printed material, automated phone calls		<u>  [ FA</u>	10043		
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE			<b>T</b>	\$
	DEBT INCURRED	MO.	DAY	YEAR	
City	MOOMED	State	Zip Code	e (Plus 4)	
Description of Debt			<u> </u>		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT		1 221	TEAN	
City		State	Zip Code	(Plus 4)	
Description of Debt				····	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	L SAV	Lvess	\$
City	DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor			<del></del>		Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
Dity	DEBT INCURRED		- OAT	TEAR	
		State	Zip Code	(Plus 4)	
Description of Debt			••••••••••••••••••••••••••••••••••••••		
lame of Creditor				·	Outstanding Balance of Debt
Mailing Address					\$
•	DATE DEBT	MO.	DAY	YEAR	
lity	INCURRED	State	Zip Code	(Pius 4)	
escription of Debt		4			
			·		
nter Grand Total of Unneid Debte on D					PAGE TOTAL
inter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Itam G.					<b>\$</b> 2,731.59