	CA	MPAIGN F	FINANCE REP	ORT		
					-	
Name:		Brown for (Commissioner			W-3
Address:		902 Lawrer	nce Dr			
City, State, 2	Zip:	Emmaus PA	4 18049			
Candidate			Committee			X
Type of Repo	ort		Election Date	Amend	led	Termination
2017 – 30 Da	y Post-Election		11/07/2017			
Termination	Report?				- - · · · · ·	
Office Sough	t By Candidate)	Party	County	7	
Lehigh Coun	ty Commissione	r Dist #5	R	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	10/24/2017		To:	11/27/2	017	
A. Amount B	rought Forwar	d From Las	t Report		504.	44
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	1,700	0.00
C. Total Fund	ds Available (St	um of Lines	A & B)		2,204.44	
D. Total Expe	enditures (from	Schedule II	(I)		12.00	9
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		2,192	2.44
F. Value of In	-Kind Contrib	utions Recei	ved (from Sched	ule II)	0.00	
G. Unpaid De	ebts & Obligation	ons (from Sc	chedule IV)		2,331	1.59

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

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate Brown for Commissioner	Reporting Period From 10-24	od 1-2017 To <u>11-27-2017</u>
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONTI	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 0.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART E	8)	
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
TOTAL for the Reporting Period	(2)	\$ 0.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ _{0.00}
All Other Contributions (Part D)		\$ 1,700.00
TOTAL for the Reporting Period	(3)	\$ 1,700.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	. (FROM PART E)

4. OTHER RECEIPTS - REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FROM PART	r E)	
	TOTAL	for the R	eporting Per	iod	(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	\$ 1,700.00
Cover Page, Item B.)	2,70000

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	Reporting			
Brown for Commissioner				From	10-24-20	<u>17</u> то <u>11-27-2017</u>	
				DATE		AMOUNT	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Full Name of Contributing Committee	<u></u>		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	\$	
Full Name of Contributing Committee	<u> </u>		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 (Pius 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR.	\$	
Mailing Address			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	\$	
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	\$	
Enter Crand Total of Dark A		Detailed Comme	., D	C4!-		PAGE TOTAL	
Enter Grand Total of Part A on S	cnequie I,	Detailed Summai	y rage	, Sectio	nı ∠.	\$ 0.00	

PART B **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.)

12.00.000		P 0. 122		7 41,	
Name of Filing Committee or Candidate	R	Reporting	Period		
Brown for Commissioner		From	10-24-2	017	то <u>11-27-2017</u>
		DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	•	
	1			4	
Mailing Address	MO.	DAY	YEAR		
	1			\$	
City State Zip Code (Plus 4)	MO.	DAY	YEAR		

MO.

DAY

YEAR

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

\$ 0.00

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 Period					
Brown for Comm	nissioner			From _	10-24-20	<u>17</u> то <u>11-27-2017</u>
·			· · · · · · · · · · · · · · · · · · ·	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code iPius 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	\$
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	\$
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)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			4			PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I,	Detailed Summary	Page,	Section	ո 3.	\$ 0.00

ALL OTHER CONTRIBUTIONS

PAGE _6 OF _12

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				eporting I		
Brown for Commissioner			l	From	10-24-20	017 To 11-27-2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	¢
Dean N. Browning			10	24	2017	\$ 1,700.00
Mailing Address			MO.	DAY	YEAR	\$
2432 W. Congress Street						T
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown	PA	18104-2 9 38	<u></u>		l	3
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
			1	547	VEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	0.2.0	_				\$
Employer Name			Occupati	on	L	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MQ.	DAY	YEAR	\$
						
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State		MO.	1	1,5,7	\$
Employer Name	لــــــــــــــــــــــــــــــــــــــ		Occupat	ion	L	
Employer Mailing Address/Principal Place of Business	;					
Full Name of Contributor			MO.	DAY	YEAR	\$
				DAY	VEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	0.0.0			1		\$
Employer Name			Occupat	ion		
Employa. Nome						
Employer Mailing Address/Principal Place of Busines	5			H		
Full Name of Contributor			MO.	DAY	YEAR	\$
						3
Mailing Address			MO.	DAY	YEAR	\$
	I caman	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State	Zip Code (Pius 4/	mo.	- DAT	TEAN.	\$
Employer Name		<u> </u>	Occupat	ion	<u> </u>	
Employer Name						
Employer Mailing Address/Principal Place of Busines	s					
		Detailed O	P	Contin	n 3	PAGE TOTAL
Enter Grand Total of Part D on Sch	edule i	, Detailed Summa	ia Lage	, Secul	лі Э.	\$ 1,700.00

DSEB-502 (7-99)

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)

Brow	vn for Commissioner			From _	10-24-2	<u>2017</u> то <u>11-27-2017</u>
uli Name						
failing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Recaipt Description						
full Name		<i></i>				
Mailing Address						
Abiling Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		_		<u> </u>	<u> </u>	\$
				* ***		
Full Name		M				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount c
Receipt Description					<u></u> '	\$
Full Name						
Mailing Address						
	T State T	= 4-4				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description				<u></u>	<u></u>	-
Full Name						
ult Monte						
Mailing Address						
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	Amount
		Zip Code trius 4/	-	 	1200	\$
Receipt Description						
Full Name		<u> </u>				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		_				\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, I	Detailed Summar	v Page,	Section	n 4.	s
	— ••• — ••••	/ Camping a warren ,	/ ' ~5~,	George.	· ,	0.00

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	iod	
Brown for Commissioner	From <u>10</u> -	-24-2017 T	o <u>11-27-2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PER (CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	A PART F)	
TOTAL for the Reporting Perio	d (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G		
TOTAL for the Reporting Perio	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.)		\$ 0.00	

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	a Period	
Brown for Commissioner				From	10-24-	- <u>2017</u> To <u>11-27-20</u>
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	1	1	17548	\$
		-	MQ.	DAY	YEAR	s
Description of Contribution:	•		-		<u>.l</u>	
Full Name of Contributor			. MO.	DAY	TVEAR	7
				1	YEAR	s
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
Description of Contribution:				 	TEA.	\$
Description of Contribution:	•				<u> </u>	1
Full Name of Contributor			Mo.	DAY	YEAR	7
Mailing Address		<u> </u>	-		TEAN	\$
			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MG.	DAY	VEAR	\$
Description of Contribution:			<u> </u>	- Vn.	YEAR	\$
Jescription of Contribution:					<u> </u>	
Full Name of Contributor			MO.	1 20		
Mailing Address			My.	DAY	YEAR	\$
lailing Address			MO.	DAY	YEAR	
Sity	State	Zip Code (Plus 4)	1			\$
Description of Contribution:		mp odde p de	MO.	DAY	YEAR	\$
escription of Contribution:						
ull Name of Contributor			-/			
lailing Address		ţ	MO.	DAY	YEAR	\$
			MQ.	DAY	YEAR	
ity	State	Zip Code (Plus 4)				\$
escription of Contribution:		Zip Code (Plus 4)	MO.	DAY	YEAR	\$
scription of Contribution:						
II Name of Contributor						
		ŀ	MO.	DAY	YEAR	\$
ailing Address		7	MO.	DAY	YEAR	
ty [Š	State	21- C-4- 101- A				\$
	1815	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
scription of Contribution:						7
				-	- <u>-</u>	
nter Grand Total of Part F on Schedulummary Page, Section 2.	ie II, i	In-Kind Contributio	Det	-Had	ī	PAGE TOTAL
ammary Page, Section 2.	-		UP Dere	alled		\$ 0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			J.	Reporting			
Brown for Commissi	ioner			From _	10-24-20	2017 то 11-27-2017	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
A Carallenan					``	\$	
Employer of Contributor			Occupat	tion	_		
Employer Mailing Address/Principal Place of Bu	usiness		Descrip	ption of Con	itribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	s	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	ition	<u> </u>		
Employer Mailing Address/Principal Place of Bu	usiness		Descrip	ption of Con	ntribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address		***	MQ.	DAY	YEAR	\$	
City	State	Zip Cade (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion	<u></u>		
Employer Mailing Address/Principal Place of Bu			Pescrip	The of Cor			
	5(neo-		Desurp.	otion of Con	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			Occupati	ion	<u></u> 1		
Employer Mailing Address/Principal Place of Bu	isiness		Descript	ition of Cont	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			Occupation	ion	1	-	
Employer Mailing Address/Principal Place of Bus	siness		Descript	Description of Contribution			
Enter Grand Total of Part G on S Summary Page, Section 3.	Schedule II,	In-Kind Contrib	utions D	etailed	1	S 0.00	
QUININALY FAGE. DEGLION 3.						∡ ⊅ ∪.∪∪	

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Re	Reporting Period						
Brown for Commissioner				From 10-24-2017 To 11-27-2017				
To Whom Paid			MO.	DAY	YEAR	Amount		
BB&T Bank			11	21	2017	\$ 12.00		
Mailing Address			Description of Expenditure					
235 MAIN ST City	State	Zip Code (Plus 4)	Servic	e Charge	es			
EMMAUS	PA	18049 —						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description	on of Expe	nditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description of Expenditure					
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description	on of Expe	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description	on of Exp	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY		Amount \$		
Mailing Address			Description of Expenditure					
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descripti	on of Exp	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descripti	on of Exp	enditura			
City	State	Zip Code (Plus 4)						
Enter Grand Total of Expenditures on P	age 1.	Report Cover F	Page, Ite	em D.		PAGE TOTAL \$ 12.00		

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				Reporting Period				
Brown for Commissioner			From	10-24-	-2017 To <u>11-27-2017</u>			
Name of Creditor								
		25	- 00	2017	Outstanding Balance of Debi			
Communication Concepts Mailing Address	DATE	05	02 DAY	2017				
2906 William Penn Highway Suite 401	DEBT	PA	18045					
		State		le (Plus 4)				
Easton Perceptation of Poht		'	<u></u>	-				
Description of Debt Printed material								
Name of Creditor					O consider Palance of Dala			
					Outstanding Balance of Debi			
Mailing Address	DATE	MO.	DAY	YEAR				
	DEBT INCURRED							
City		State	Zip Code	e (Plus 4)				
Description of Debt		$\perp \perp$						
Description of Dept								
Name of Creditor					Outstanding Balance of Debt			
					S Salance of Debt			
Maifing Address	DATE	MO.	DAY	YEAR				
	DEBT INCURRED			†				
City		State	Zip Code	e (Plus 4)				
Description of Debt								
observation of Sept					_			
Name of Creditor					Outstanding Balance of Debt			
					\$			
Mailing Address	DATE	MO.	DAY	YEAR				
	DEBT INCURRED				The first of the f			
City		State	Zip Code	(Pius 4)				
Description of Debt								
Name of Creditor					Outstanding Palance of Dobi			
				į	Outstanding Balance of Debt \$			
Mailing Address	DATE DEBT	MO.	DAY	YEAR	y en grande de la companya del companya del companya de la company			
City	INCURRED							
oity		State	Zip Code	(Plus 4)				
Description of Debt								
Name of Creditor				-	Outstanding Balance of Debt			
				1	Outstanding Balance of Debt			
Mailing Address	DATE	MO.	DAY	YEAR				
	DEBT INCURRED							
City		State	Zip Code	(Pius 4)				
Description of Debt								
				, , , , , , , , , , , , , , , , , , ,	PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Pag	+ B Cayor		~	\	\$ 2221.50			