	CA	MPAIGN F	INANCE REP	ORT		
					·	
Name:		Brace for Le	ehigh			
Address:		227 N 9th St				
City, State, Z	Lip:	Allentown P	PA 18102			
Candidate	Candidate		Committee			X
Type of Repo	ort		Election Date	Amend	ed	Termination
2017 – 30 Day Post-Election			11/07/2017			
Termination	Report?			<u> </u>		
1 Ci mination	тероге.					
Office Sough	t By Candidate	:	Party	County		
Lehigh Coun	ty Commissione	r Dist #4	D	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From: 10/24/2017			To:	11/27/2017		
A. Amount Brought Forward From Last Report						89
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	492.4	42
C. Total Funds Available (Sum of Lines A & B)						31
D. Total Exp	enditures (fron	1 Schedule II	II)		0.00	
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		970.3	31
F. Value of In	n-Kind Contrib	outions Recei	ived (from Sched	lule II)	0.00	
G. Unpaid De	ebts & Obligati	ions (from So	chedule 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	Lehigh
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 492.42
All Other Contributions (Part D)	5
Total for the reporting period (3)	\$ 492.42
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)	\$ 492.42

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.

rijer identification)	grace	401	leh.gh	
					Amount
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	_1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		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.)

Piter Identificatio	n Mumber:	Brac	e terl	ehigh	
Full Name of Co	atributor			Date [MM/DD/YYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$ 8
City		State	Zip Code	Date [MM/DD/YYY]	*
Full Name of Co	entributor			Date (MM/DD/YYYY)	**
House #	Street Address			Date [MM/DD/YYY]	.
Cay		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	intelbator	Landa Bal	La companya da la com	Date (MAY/DD/ATATA	
House #	Street Address			Date [MM/DD/YYYY]	S
City	h / h	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor		1.0 (2003) 1.0 0.0 (2003) 1.0 0.0 0.0 (2003) 1.0 0.0 (2003) 1.0 0.0 (2003) 1.0 0.0 (2003) 1.0 0.0	Date [MM/DD/YYYY]	
House #	Street Addres			Date [MM/DD/YYYY]	\$
Cley	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			'Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYY]	
Chy		State	Zip Code	Date [MM/DD/YYYY]	
Full Name 87 Co	quibutor	Francis Zin I	has considerable and the same of	1026 (68/00/111)	
House #	Street Address			Date [MM/DD/YYYY]	.
Chy		State	Zip Colle	Date [MM/DD/YYYY]	

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.

Fler Manufication Number	Bra	e to	r Leh	igh.	
Full Name of Contributing Committee	Friend	12 / Sam	Jane Bace	11/26/17	492.42
House # DJ 7 S	Street Address	9± 5+			
City Allente	State	RA Zip Code	18102	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	•			Date (MM/DO/1771)	
House #	itaset Address			Dete [MM/DD/YYYY]	
City	State	Zip Code		Datie [MM/DD/YYYY]	
Full Name of Contributing Committee				Date: [MM/DD/YYYY]	
House #	Street Address		9	Deta [MM/DD/YYYY]	
Chy	State	7/ip Code		Deta [MM/DD/YYYY]	
Full Name of Contributing Committee				Date (MM/DID/XXXX)	
House #	Street Address			Date [MM/DD/YYYY]	
GBY.	State	e Zip Çode		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe				Dielie (MM/OD/YYYY)	
House #	Street Address		-	Date (MM/DD/YYYY)	
Clty	Stee	žip Code		PITAULVEYADAE	
Pull Name of Contributing Committe				ETTEMPERALAS	
House #	Stroot Address			Date MMA/DD/YYYY)	5.
	at a second	2000	를 요 당	DES COMOVANTE	

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)

	B	ace	ter to	high
Full Maine of Co				Date [Min/DO/YYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mallin Principal Place o				Same additional 1
Full Name of Co	ntributor		·	Dete [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name		<u> </u>		Octupation
Employer Mailin Principal Place o				kana ara ara d
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			<u> </u>	Occupation
Employer Mailin Principal Place o				
Full liarne of Co	istibutor			Date (MM/DB/YYYY) \$
House #	Street Address			Date [MM/DD/YYYY] \$
	Kata Profiles Age	State	Zig Code	Date (MM/DD/YYYY) \$
Employer Name				Occupation
Employer Mailla Principal Place o				<u> </u>

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.

File Manufactor No.	nker:	Bra	ice.	ter (ehigh
Full Name					
House #	Street Add	iress			
City		•	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name			1.86.		
House #	Street Add	iress .			
City			State	Zip Code	Date [MM/DB/YYYY] \$
Receipt Description					<u>条约</u>
Full Name					
House #	Street Add	ress			
City		And State of Control o	Since	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			kin sa sand		
Full Name					
House #	Street Add	lress			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name			···		
House #	Street Add	ress			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Periodika dan di	la Litera se e Mand	I had
Full Name					
House #	Street Add	ress			
City	Ed. auren		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				in the second se	
	Section 1				

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:	Brace	- 10/	Lehigh	
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED VA	WE OF \$50,00 OR USS P	LCON CORPOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART	9	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250).00 (FROM PART 6)	/-	
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)	ONS DURING THIS REPO rom boxes 1, 2, and 3; a	RTING \$	8	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Fler Identification		Brac	e dor	Lehigh	
Full Name of Co	ntributor			Date CHM/DD/1555	
1					
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	[6] [8]
Description of C	entribution				End and
Full Name of Co	ntributor	622600		CHE MAYON YOU	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C					
Full Name of Co	intributor			Cate [MM/bb/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date (MM/DD/YYYY)	S
Description of C	Contribution		The state of the s		
Rull Name of Co	atributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$ -:1
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (ontribution .			<u>-</u>	
Full Name of Co	entributor			Pare (MM/De/1111)	\$
					(7) P5 (8) (8)
House #	Street Address			Date [MM/DD/YYYY]	\$
		Was and Alberta		Date [MM/DD/YVVV]	.
City		State	Zip Code		
Description of (Contribution				
¥	**	\$30			/3/

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Pler identification	13/	ace	ter	phyh
Full Name of Co	ntributor			/Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 5
		State	Zip Code	Date [MM/DD/YYYY] \$
City			Ap Code	
M				Occupation
Employer Name				
THE SECOND SECON	g Address / Principal			Description of
Place of Busines	\$			Contribution
full Name of Co	ntributor	and the		Dake (MM/OD/YYYY) \$
House #				Date [MM/DD/YYYY] \$
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Imployer Name				Occupation
	ng Address / Principal			Description
employer mailing. Place of Busines		***		of .
				Contribution
Full Name of Co	ntributor			Date (MM/DD/YYY) \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Parkage Strate	Occupation
Employer Maili	ng Address / Principal			Description
Place of Busines	<u> </u>			of Contribution
化铁色基金 医二氯化二磺胺二苯二磺胺异唑				Date (MM/DD/YYYY)
Full Name of Co	entributor			March street, this stee market the best of the March 18 (19)
Full Name of Co	intelloutor			
				Date [MR/DD/YYY] \$
	Street Address			
House 8		gana	The Pada	Date [MM/DD/YYY] \$
House #		State	Zip Code	
House #	Street Address		Zip Code	Date [MM/DD/YYY] \$
	Street Address			Date [MM/DD/YYY] \$ Date [MM/DD/YYYY] \$ Occupation
House # City City Employer Name	Street Address			Date [MM/DD/YYY] \$

Statement of Expenditures

To Whom Pelc				Elle (MM/DD/XXV)
House #	Street Address			Description of Expenditure
CRY		State	Zip Code	
To Whom Paid			Accessories and	Dete [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pak				Date (MM/DD/YYYY) 5
House #	Street Address			Description of Expenditure
City	**************************************	State	Zip Code	
To Whom Pak				Data [MM/SO/YYYY] 5
House #	Street Address			Description of Expenditure
City	BROWN STRONGS	State	Zip Code	
To Whom Pak	4			Date (MM/00/YYY)
House #	Street Address			Description of Expenditure
City	Tarania a Angelia da Angelia	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pak				306 UNKROATAL
House #	Street Address			Description of Espenditure
City	<u></u>	State	Zip Code	
To Whom Pal				Control Date / Control (Control Control Contro
House #	Street Address			Description of Expensions
City	Paris, and	State	Zip 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.

	Drace	tèr lehgh
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED \$
		[MM/DD/YYY]
City		State Zip Code
Description of I	Debt	
Name of Credit	ior	Outstanding Balance of Debt
House #	Street Address	DATE DEST MICURRED \$
		[MM/DD/YYY] >> :
City		State Zib Code
Description of E	Debt (
Name of Credit		Outstanding Belence of Debt
Flouse #	Street Address	DATE DEST INCURRED \$
		[MM/DD/YYYY]
City		State 25
Description of C		
Name of Credit		Ottestanding Enlance of Sept.
House #	Street Address	DATE DEET INCURRED \$
		[MM/QQ/YYY]
City		State Zp. Code
Description of D	Tebs.	La Minimal Land
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		(MM/00/YYY)
Chy		State Code
Description of C		Parameter and Pa
Name of Credito		Distanting Balance of Debr
House #	Street Address	DATE DEBT INCURRED \$
		<u>([MM/ox/cht]</u>
City		State Zip
Description of D		P 記念等につかえ