CAMPAIGN FINANCE REPORT

Name:	Name: Brown for Commissioner							
Address:		902 Lawrence Dr						
City, State, Zi	p:	Emmaus PA	4 18049					
Candidate			Committee			X		
Type of Repo	ort		Election Date	Amended		Termination		
2018						YES		
Termination	Report?							
Office Sought By Candidate			Party	County				
Lehigh County Commissioner Dist #5			R	Lehigh				
	Sumr	nary of Rec	eipts & Expend	litures				
From:	01/01/2018		То:	01/05/2	2018			
A. Amount B	rought Forwa	rd From Las	st Report	I <u></u>	12.85			
B. Total Mon	etary Contrib	utions & Rec	ceipts (from Sche	dule I)	0.00			
C. Total Funds Available (Sum of Lines A & B)					12.85			
D. Total Expenditures (from Schedule III)					12.8.	5		
E. Ending Cash Balance (Subtract Line D from Line C)					0.00			
F. Value of In-Kind Contributions Received (from Schedule II)					0.00			
G. Unpaid Debts & Obligations (from Schedule IV)					0.00			

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

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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Brown for Commissioner	From 01-01-2018 To 01-05-2018

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PL	ER CONT	RIB	UTOR
TOTAL for the Reporting Period	(1)	\$	0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. OTHER RECEIPTS - REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC	. (FROM PART	9
	TOTAL	for the R	eporting Pe	riod	(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 Cover Page, Item B.)	\$ 0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES 3 40-12

\$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	Period			
Brown for Commissioner			l	From	01-01-20	018 _{To} 01-05-2018
				DATE		AMOUNT
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						\$
			<u>MO.</u>	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	\$
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	- C4-14 1					\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on Scheo	dule I,	Detailed Summary	y Page	, Sectio	n 2.	\$ 0.00

ALL OTHER CONTRIBUTIONS

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\$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>01-01-2018</u> To <u>01-05-2018</u>		
		DATE		AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor		DAY	YEAR	\$
Mailing Address	M0.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO. =	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor				\$
	MO.	DAY	YEAR	\$
Mailing Address	<u>MO.</u>	DAY	YEAR	\$
City State Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
				PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary SEB-502 (7-99)	Page,	Section	2.	\$ 0.00

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES 5 46 12

· · · _ _ _

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 Commissioner				From	01-01-20	18 01-05-2018 то		
				DATE		AMOUNT		
Full Name of Contributing Committee			MO.	DAY	YEAR			
						\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
			MO.	DAY	YEAR			
Full Name of Contributing Committee			WQ.		TEAN	\$		
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	\$		
	1.6	Zip Code (Plus 4)				\$		
City	State	Zip Code (Pius 4/	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee			MO.	DAY	YEAR			
			ļ			\$		
Mailing Address			<u>MO.</u>	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee			MO.	DAY	YEAR	\$		
		· · · · · · · · · · · · · · · · · · ·			VEAD			
Mailing Address			<u>MO.</u>	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee			<u>MO</u>	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			
				1		\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee			MO.	DAY	YEAR	¢		
_						\$		
Mailing Address			<u>MO.</u>	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
						PAGE TOTAL		
Enter Grand Total of Part C on Sche	edule i	, Detailed Summary	y Page,	Sectio	n 3.	\$ 0.00		

DSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS

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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				Reporting					
Brown for Commis	sioner			From	01-01-2	018 _{To} 01-05-2018			
				DATE	<u></u>	AMOUNT			
Full Name of Contributor			MO.		YEAR	\$			
Mailing Address			MO.	DAY	YEAR	Ψ			
						\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
Employer Name				<u> </u>		\$			
Employer Name			Occupat	ion					
Employer Mailing Address/Principal Place of Business									
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR				
						\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u>_</u>			
Employer Name			Occupati	ion i		\$			
Employer Mailing Address/Principal Place of Business			1						
Full Name of Contributor			<u>MO</u>	DAY	YEAR	\$			
Mailing Address			MO.	DAY -	YEAR				
City	+	·····				\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer Name			Occupati	on					
Employer Mailing Address/Principal Place of Business				1.2.1					
Full Name of Contributor			MO.	DAY	YEAR				
			- mo.		TEOD	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)		DAY	YEAR				
		-			E00	\$			
Employer Name		· · · · · · · · · · · · · · · · · · ·	Occupati	on					
Employer Mailing Address/Principal Place of Business									
Full Name of Contributor			MO.	DAY	YEAR	_			
Mailing Address						\$			
			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*			
Employer Name		-				\$			
Employer Name Occ				on					
Employer Mailing Address/Principal Place of Business		·	1						
Enter Grand Total of Part D on Sched	lule I.	Detailed Summarv	Page	Section	1 3.	PAGE TOTAL			
	-•	······································	-3-1			s 0.00			

DSEB-502 (7-99)

OTHER RECEIPTS

7 or 12

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 Brown for Commissioner					Reporting Period From 01-01-2018 To 01-05-2018			
Full Name								
Mailing Address		<u></u>						
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	Amount \$		
Receipt Description	·	I .		١ ــــــــــــــــــــــــــــــــــــ				
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	Amount \$		
Receipt Description	<u>. </u>	L		4I				
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$		
Receipt Description	1 1			L				
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	Amount		
Receipt Description	<u> </u>	I		<u> </u>				
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	Amount \$		
Receipt Description	4	·· /·, ·· ·· ·						
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$		
Receipt Description		L			L			
				Denti		PAGE TOTAL \$ 0.00		
Enter Grand Total of Part E on Schee	aule I,	Detailed Summary	rage,	Section	n 4.	\$ 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 Period
Brown for Commissioner	From 01-01-2018 To 01-05-2018

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1)

\$

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) TOTAL for the Reporting Period (2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM	PART (G)
TOTAL for the Reporting Period	(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

2.

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	F	eporting	Period			
Brown for Commissioner				From _	01-01-2	018 _{To} 01-05-2018
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						1 \$
City	State	Zip Code (Plus 4) 	MQ.	DAY	YEAR	\$
Description of Contribution:		· _ · · · · · · · · · · · · · · · · · ·	I	I		
Full Name of Contributor			1 10	0.14		
			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	P
				DAI	<u>renn</u>	\$
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:	L				<u> </u>	\$
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Dity						\$
	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Description of Contribution:	<u>_</u>		11		L	
ull Name of Contributor						
			<u>MO.</u>	DAY	YEAR	\$
Mailing Address		······································	MO.	DAY	YEAR	-
lity	State	Zip Code (Plus 4)				\$
		-	MO.	DAY	YEAR	\$
Description of Contribution:			- a		_	
ull Name of Contributor			MO.	DAY	VEAD	
failing Address					YEAR	\$
annig Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
escription of Contribution:						\$
nter Grand Total of Part I						PAGE TOTAL
Summary Page, Section 2.	on Schedule II,	in-Kina Contributi	ions Det	ailed		\$ 0.00

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PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period				
Brown for Commissioner				From	01-01-2	2018 _{To} 01-05-2018			
		· · · · · · · · · · · · · · · · · · ·		-					
Full Name of Contributor				DATE		AMOUNT			
Full Name of Contributor			<u>MO.</u>	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	S S			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor	l	I <u> </u>	Occupi	ation	_I				
Employer Mailing Address/Principal Place of Business	Description of Contribution								
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupa	ition					
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ontribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MQ.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
Employer of Contributor	4	L	Occupa	tion					
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	ntribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			<u>M0.</u>	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupat	tion	<u> </u>				
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	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	L]		Occupat	ion	1				
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution				
Enter Grand Total of Dert C. on Data						PAGE TOTAL			

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

\$ 0.00

SCHEDULE III

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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			I B.	eporting	Period		
Brown for Commissioner			From 01-01-2018 To 01-05-2018				
			l				
To Whom Paid Cash			<u>мо.</u> 01	DAY 05	YEAR 2018	Amount \$ 12.85	
Mailing Address		<u></u>	Descriptio Hospit	on of Expe tality			
City	State	Zip Code (Plus 4)	<u> </u>				
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	anditure	*	
City	State	Zip Code (Plus 4) —					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	enditure		
City	State	Zip Code (Plus 4) —					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	enditure		
City	State	Zip Code (Plus 4) —					
To Whom Paid			мо.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	anditure		
City	State	Zip Code (Plus 4) 					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	enditure		
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) —	1				
To Whom Paid	<u></u>		MQ.	DAY	YEAR	Amount \$	
Mailing Address			Descriptio	on of Expe	enditura	<u> </u>	
City	State	Zip Code (Plus 4) —					
	<u>dan mana</u>		<u></u>			PAGE TOTAL	
Enter Grand Total of Expenditures on Pa	ige 1, I	Report Cover P	age, ite	m D.		s 12.85	

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 From 0		<u>)18</u> то		
Name of Creditor					Outstandin \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR			
City	-	State	Zip Code	(Plus 4)			
Description of Debt Name of Creditor							
Mailing Address	DATE				Outstandin \$		
City	DEBT	MO.	DAY	YEAR			
Description of Debt		State	Zip Code (Plus 4)			

Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$
ity	INCURRED				
		State	Zip Cod	e (Plus 4)	
escription of Debt			L		
amo of Condian					
lame of Creditor					Outstanding Balance of De
lailing Address	DATE	MO.	DAY	YEAR	
ty	DEBT INCURRED				
ty		State	Zip Cod	e (Plus 4)	
escription of Debt				-	
ame of Creditor					Outstanding Balance of Deb
lailing Address					S
anny Address	DATE DEBT	MO.	DAY	YEAR	
ty	INCURRED				
		State	Zip Code -	(Plus 4)	
scription of Debt					
me of Creditor					
					Outstanding Balance of Deb
ailing Address	DATE	MO.	DAY	YEAR	<u>\$</u>
y	DEBŤ INCURRED			TEAR	
, ,		State	Zip Code	(Plus 4)	
scription of Debt					
me of Creditor					Outstanding Balance of Deb
iling Address		_			S Salarice of Deb
	DATE DEBT	MO.	DAY	YEAR	
	INCURRED	State	Zip Code	(Plus A)	an a
				n (LLa: 44)	
cription of Debt		<u>-</u> _			
ne of Creditor					
					Outstanding Balance of Debt
ling Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED		DAT	TEAH	
		State	Zip Code (Plus 4)	
cription of Debt					
ter Grand Total of Unpaid Deb	ts on Page 1. Report Cover P		C		PAGE TOTAL
		age, Ita	em G.		\$ 0.00

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	12	- 0	r 1	2	

01-05-2018