

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Brace for Lehigh</i>		
Address:		<i>5559 Route 145</i>		
City, State, Zip:		<i>Laury's Station PA 18059</i>		
Report Filed By				
Candidate		Committee		<i>X</i>
Type of Report <i>2nd Friday Pre-Primary</i>		Election Date	Amended	Termination
		<i>05/21/2013</i>		
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #4</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>02/23/2013</i>	To:	<i>05/06/2013</i>	
A. Amount Brought Forward From Last Report				<i>3,892.68</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>410.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>4,302.68</i>
D. Total Expenditures (from Schedule III)				<i>1,679.70</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>2,622.98</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>270.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>0.00</i>

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Brace for Lehigh</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>55</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>255</i>
TOTAL for the Reporting Period	(2)	\$ <i>255</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

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.)	\$ <i>410</i>
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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 <i>Brace for Lehigh</i>				Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>			
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>0</i>
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PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 13

\$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 <u>Grace for Lehigh</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
<u>Gloria Mann</u>	<u>2</u>	<u>1</u>	<u>13</u>			\$ <u>100</u>
Mailing Address <u>2917 W Fairview St</u>	MO.	DAY	YEAR			\$
City <u>Allentown</u>	MO.	DAY	YEAR			\$
State <u>PA</u>				Zip Code (Plus 4) <u>18104 -</u>		
<u>Adrian Shanke</u>	<u>1</u>	<u>4</u>	<u>13</u>			\$ <u>55</u>
Mailing Address <u>1818 Kennys St</u>	MO.	DAY	YEAR			\$
City <u>Allentown</u>	MO.	DAY	YEAR			\$
State <u>PA</u>				Zip Code (Plus 4) <u>-</u>		
<u>John Hayes</u>	<u>4</u>	<u>24</u>				\$ <u>100</u>
Mailing Address <u>7967 Solomonsville Ch Road</u>	MO.	DAY	YEAR			\$
City <u>Macungie</u>	MO.	DAY	YEAR			\$
State <u>PA</u>				Zip Code (Plus 4) <u>-</u>		
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State				Zip Code (Plus 4)		\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State				Zip Code (Plus 4)		\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State				Zip Code (Plus 4)		\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State				Zip Code (Plus 4)		\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State				Zip Code (Plus 4)		\$

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

PAGE TOTAL
\$ 255

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 <u>Brace for Lehigh</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 OF 13

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 <i>Brace for Lehigh</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *0*

**PART E
OTHER RECEIPTS**

PAGE 7 OF 13

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 <u>Brace for Lehigh</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</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						
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						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ 0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**Detailed Summary Page**

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>4/1/13</u> To <u>5/6/13</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>270</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>0</u>

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.)	\$ <u>270</u>
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**SCHEDULE II
PART F**

PAGE 9 OF 13

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>1/1/13</u> To <u>3/6/13</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Maria Bray</u>	<u>1</u>	<u>15</u>	<u>13</u>	\$ <u>200</u>
Mailing Address <u>5559 Rt 145</u>	MO.	DAY	YEAR	\$
City <u>Laurys Station</u> State <u>PA</u> Zip Code (Plus 4) <u>18059 -</u>	MO.	DAY	YEAR	\$
Description of Contribution:				

<u>Douglas Bruce</u>	<u>1</u>	<u>1</u>	<u>13</u>	\$ <u>14</u>
Mailing Address <u>5559 Rt 145</u>	<u>2</u>	<u>1</u>	<u>13</u>	\$ <u>14</u>
City <u>Laurys Station</u> State <u>PA</u> Zip Code (Plus 4) <u>18059 -</u>	<u>3</u>	<u>1</u>	<u>13</u>	\$ <u>14</u>
Description of Contribution: <u>web hosting</u>				

<u>Douglas Bruce</u>	<u>4</u>	<u>1</u>	<u>13</u>	\$ <u>14</u>
Mailing Address	<u>5</u>	<u>1</u>	<u>13</u>	\$ <u>14</u>
City				\$
Description of Contribution:				

				\$
Mailing Address				\$
City				\$
Description of Contribution:				

				\$
Mailing Address				\$
City				\$
Description of Contribution:				

				\$
Mailing Address				\$
City				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 270

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 10 OF 13

Name of Filing Committee or Candidate <u>Brace for Lehigh</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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				DATE			AMOUNT
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			
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				Occupation			
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				Occupation			
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				Occupation			
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				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

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

PAGE TOTAL
\$ 0

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Brace for Lehigh	Reporting Period From 1/1/13 To 5/6/13
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To Whom Paid WE Youth Center	MO. 1	DAY 14	YEAR 13	Amount \$ 300	Description of Expenditure Campaign event hall rental
Mailing Address 844 N 20th St					
City Allentown	State PA	Zip Code (Plus 4) 18104-			
To Whom Paid CC Demos	MO. 1	DAY 25	YEAR 13	Amount \$ 30	Description of Expenditure Inaugural Party
Mailing Address PO Box 33					
City Allentown	State PA	Zip Code (Plus 4) 18105-			
To Whom Paid Sara Jane Brace	MO. 1	DAY 10	YEAR 13	Amount \$ 315	Description of Expenditure kick off supplies: ink, stamps, paper, envelopes, labels
Mailing Address 227 N 9th St					
City Allentown	State PA	Zip Code (Plus 4) 18102-			
To Whom Paid Lehigh Valley Print Center	MO. 31	DAY 26	YEAR 13	Amount \$ 125418.70	Description of Expenditure Palm Cards
Mailing Address 1337 N Nelson St					
City Allentown	State PA	Zip Code (Plus 4) 18109-			
To Whom Paid St Patrick's Day Committee	MO. 3	DAY 6	YEAR 13	Amount \$ 125	Description of Expenditure Advertising in parade
Mailing Address PO Box 3517					
City Allentown	State PA	Zip Code (Plus 4) 18106-			
To Whom Paid Geoff Brace	MO. 3	DAY 1	YEAR 13	Amount \$ 111	Description of Expenditure Reimburse: stationary supplies
Mailing Address 227 N 9th St					
City Allentown	State PA	Zip Code (Plus 4) 18102-			
To Whom Paid Friends of Carmen Bell	MO. 4	DAY 1	YEAR 13	Amount \$ 100	Description of Expenditure the Campaign contribution
Mailing Address West Walnut St					
City Allentown	State PA	Zip Code (Plus 4) 18104-			
To Whom Paid Lehigh Valley Labor Council	MO. 4	DAY 19	YEAR 13	Amount \$ 150	Description of Expenditure
Mailing Address 3360 Airport Rd					
City Allentown	State PA	Zip Code (Plus 4) 18109-			

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

PAGE TOTAL \$ 1579.70

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Grace for Lehigh</i>	Reporting Period From <i>1/1/13</i> To <i>5/3/13</i>
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To Whom Paid <i>Lehigh Valley Bell Museum</i>	MO. <i>4</i>	DAY <i>29</i>	YEAR <i>13</i>	Amount \$ <i>100</i>
Mailing Address <i>630 W Hamilton St</i>				
Description of Expenditure				
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18101 -</i>		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
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City	State	Zip Code (Plus 4)		
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Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

\$ *100*

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 <i>Brace for Lehigh</i>	Reporting Period From <i>1/1/13</i> To <i>5/3/13</i>
--	---

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
			-			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ *0*