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

^{*}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	I Connecting De		
Brace Lehigh	Reporting Pe		5 To 5/6/13
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR L	ESS PER CON	TRIBUT	OR
TOTAL for the Reporting Po	eriod (1)	\$	55
ZE CONTRIBUTIONS \$50.00 TO \$250.00 (FROM PART A AND PA	KRT B)		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	255
TOTAL for the Reporting Po	eriod (2)	\$	255
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART ()		
Contributions Received from Political Committees (Part C)		\$	Ô
All Other Contributions (Part D)		s	0
TOTAL for the Reporting Pe	eriod (3)	\$	Č
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ET	S. (FRO	M PART E)
TOTAL for the Reporting Pe	eriod (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.)		\$	f16

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.

Rame of Filing Committee of Candidate Roace for Lohity	لر		From ////	5 то <u>5 /6/13</u>
V			DATE	AMOUNT
Full Name of Contributing Committee			HOMOPHE TO DAYER HAVEAS	S
Mailing Address			MG. DAY YEAR	\$
City	State	Zip Code (Plus 4) —	MQ. DAY YEAR	s
Full Name of Contributing Committee			\$5.00 model \$370.00	\$
Mailing Address			MO SE SOAY AVEAR	s
City	State	Zip Code (Plus 4) —	ENOTE DAYAR EXPARE	\$
Full Name of Contributing Committee			MO DAY YEAR	s
Mailing Address			MO DAY YEAR	\$
City	State	Zip Code (Plus 4) —	MO DAY YEAR	\$
Full Name of Contributing Committee			MG DAY YEAR	\$
Mailing Address	.		MG. DAY YEAR	s
City	State	Zip Code (Plus 4) —	MG. DAY YEAR	\$
Full Name of Contributing Committee			AL MORE TO OAN AS TO (AN EX	s
Mailing Address City	State	Zip Code (Plus 4)	MOS DAY NEAR	s
	State	- 2:p Code (Files 4)	MO SEE SECOND	s
Full Name of Contributing Committee Mailing Address			NO BAY YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY YEAR	s
		_	MO. DAY YEAR	\$
Full Name of Contributing Committee Mailing Address	***		MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address			MO DAY YEAR	\$
City	State	Zip Code (Plus 4)	JON DAY YEAR	\$
		_		\$ PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I,	Detailed Summar	y Page, Section 2.	\$

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 Orace Cer Lehry	Reporting Period	3 TO 5/6/13
Vi. ccc (cr. cc.)	DATE	AMOUNT
Full Name of Contributor	WANTED TO AN AN AN AN AN AN	\$ /CC
Mairing Address 2917 w Fairvier St	MO. DAY YEAR	-200
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Allentena PA 18164 -		\$
Full Name of Contributor Shanke	MO, DAY YEAR	\$ 55
Mailing Address	MO. DAY YEAR	\$
0000000	SEMO SE SONY SERVICIO	
Alter Bethlehen PA Zip Code (Plus 4)		\$
Full Name of Contributor John Hayle	4 24 YEAR	\$ 100
Mailing Address of Solom Sible Ch Road	MO DAY YEAR	\$
State Zip Code (Plus 4)	MO. DAY YEAR	
IV (a Course) 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	Haller Haller	\$
Mailing Address		\$
	MO: DAY YEAR	\$
City State Zip Code (Plus 4)	MG. DAY YEAR	_
Full Name of Contributor		\$
Mailing Address		\$
	MO: DAY YEAR	\$
City State Zip Code (Plus 4) —	MO. DAYAT MYEAR	\$
Full Name of Contributor		
Mailing Address	MO DAYA AYEAR	\$
		\$
City State Zip Code (Plus 4)	MO: DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	
Mailing Address	MO. DAY YEAR	\$
City State 7in Code (Blue 4)		\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	y Page, Section 2.	\$ 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.

Brace or Lehill		3 to 5/6/13
Full Name of Contributing Committee	DATE VEAR	AMOUNT
		\$
Mailing Address	MG. DAY YEAR	\$
City State Zip Code (PI	us 4) MO. DAY YEAR	\$
Full Name of Contributing Committee	MORE SHOWN HAVEN	s
Mailing Address	MO DAY NEAR	\$
City State Zip Code (PI	us 4) MO, DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (PI	us 4) MO DAY YEAR	s
Full Name of Contributing Committee	TANON DON'T THE	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Pidentification Code)	us 4) MO DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	s
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Pit	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAYOR AYEAR	\$
City State Zip Code (Plu	MO. DAY YEAR	\$
Full Name of Contributing Committee	541082 SEVANSE \$175A; 20	\$
Mailing Address	MOST	\$
City State Zip Code (Plu	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAYAR CYEARS	\$
Mailing Address	MO. DAYS HYEAR	\$
City State Zip Code (Plu	s 4) MO. DAY YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Sur	mmary Page, Section 3.	\$

ALL OTHER CONTRIBUTIONS

PAGE _____ OF ______

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 & Reporting Period ace From DATE **AMOUNT** Full Name of Contributor Mailing Address \$ City State Zip Code (Plus 4) DAY MO. Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. YEAR DAY \$ City Zip Code (Plus 4) DAY MO. YEAR \$ **Employer Name** Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR Mailing Address MO. DAY YEAR City Zip Code (Plus 4) MO. DAY YEAR Employer Name Occupation Employer Mailing Address/Principal Place of Business **Full Name of Contributor** MO. DAY YEAR \$ Mailing Address MO. DAY State Zip Code (Plus 4) DAY MO. \$ **Employer Name** Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MG DAY YEAR Mailing Address MO. DAY \$ City State Zip Code (Plus 4) MO. DAY YEAR **Employer Name** Occupation Employer Mailing Address/Principal Place of Business PAGE TOTAL Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

DSEB-502 (7-99)

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 Car	ididate Lehigh		Reporting F	Period To 5	76/13
<i>V</i>					
Full Name					
Mailing Address					***************************************
City	State	Zip Code (Plus 4)	MQ. DAY	YEAR Amount	
Receipt Description	L				
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	
Receipt Description		· · · · · · · · · · · · · · · · · · ·		\$	and the second
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR AMOUNT	
Receipt Description				\$	
				· ·	
Full Name					
Mailing Address					
					2 <u>1</u>
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR Amount \$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)		YEAR Amount	
		Zip Coue irius 🛶	MO: DAY	YEAR Amount \$	-
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	NO DAY	YEAR Amount	
Receipt Description				\$	· · · · · ·
leceipt Description		The second of th			
				PAGE TOTAL	(
Enter Grand Total of Part I	E on Schedule I, [Detailed Summar	v Page Section		\

DSEB-502 (7-99)

SCHEDULE II PAGE 6 OF 13 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			
Brace ter Lehigh	Reporting Per	iod/ ///3	то 56/13
	V		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$5	i0,00 OR I	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Period	(1)	\$	
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250	XOOM(SION		
TOTAL for the Reporting Period	(2)	\$	1010
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM	(a:Xi:TeG		
TOTAL for the Reporting Period	(3)	\$	0
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.)		\$	270

PAGE 9 OF 13

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Reporting	Period/	
Brace Lerlahi	۸ĥ			From	1///	3 to 5/6/13
in section					41/	<u> </u>
Full Name of Contributor			I SMARRYY : W	DATE		AMOUNT
Maria Draff			MO.	15	YEAR /3	\$ 200
Mailing Address	***************************************		No.	DAY	YEAR	
5559 Rt 145						\$
City CAS SIEDON	Sur	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	11 4	1007(-			<u> </u>	
and the second s						
Full Nexpe of Contributor			MO.	DAY	YEAR	
Douglas Drack			(1	13	\$ 14
Meiling Address 9 Rt 145			MO.	DAY	YEAR	\$ 14
City (1 64545		ーム	(13	3 / T
Laurus Startin	State	Zip Code (Plus 4) - (8059 -	3 MO.	DAY	YEAR 13	\$ 14
Description of Contribution:	100)	1 05//	1 2		11/	
Lab h	: <i>ر</i> م	Stouty				
Full Name of Contributor		U	MO.	DAY	YEAR	¢ / ,
Mailing Address			14		13	\$ / 4
The state of the s			MO.	DAY	YEAR / 3	\$ /(/
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	• 14
		-				\$
Description of Contribution:					<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					, con	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution		-				\$
Description of Contribution:						
Full Name of Contributor			1		Bill Company and	
			<u> MO.</u>	DAY	YEAR	\$
Mailing Address	****		MO.	DAY	YEAR	
City						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>	1				Y
Full Name of Contributor			MO.	DAY	YEAR	
Malling Address						\$
maning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	Um A M	7
		-			YEAR	\$
Description of Contribution:				1	1	
Enter Grand Total of Part F on Sched	ule II	In-Kind Contribu	Itione D	haliet		PAGE TOTAL
Summary Page, Section 2.	o or other fit			J.GIIGU		\$)70

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	2.41	4		Reporting From	Period/	3 то 5/6/13	
, , , , , , , , , , , , , , , , , , ,	-/_			DATE '		AMOUNT	
Full Name of Contributor			M⊕,	DAY	YEAR	\$	
Mailing Address	Andrews of the second		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Emplayer of Contributor	<u></u>		Occupa	tion	<u></u>		
Employer Mailing Address/Principal Place of Business	Market State Committee State Committee		Descrip	otion of Con	tribution		
Full Name of Contributor			MG.	DAY	YEAR	s	
Mailing Address			мо.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	M(O)		YEAR	\$	
Employer of Contributor		—,	Occupat	tion			
Employer Mailing Address/Principal Place of Business		######################################	Descrip	otion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address			MO.	Z PAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.		YEAR	\$	
Employer of Contributor						\$	
			Occupat				
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAB	\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Descript	tion of Cont	ribution		
Full Name of Contributor			МО	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	ion			
Employer Mailing Address/Principal Place of Business			Descript	tion of Cont	ribution		
Enter Grand Total of Part G on Sched Summary Page, Section 3.	lule II,	In-Kind Contribu	tions D	etailed		PAGE TOTAL	

DSEB-502 (7-99)

1579.70

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filling Committee on Candidate	I Penceting Desified /
	Reporting Period From 1/1/3 To 5/6/13
Drace for Lehigh	From 1/1/2 To 5/4/1/
To Whom Paid Youth Center	NO. DAY YEAR Amount S
Mailing Address YYY N 2013 ST	Description of Expenditure (a upa.in Event hall
Allenton State Zip Code (Plus 4)	rental
To Whom Paid	Mo par Tan Amount
Mailing Address 68×33	Description of Expenditure
City A () Syste Zig Code (Pius 4)	Inaugural Party
Allewern Zip Code (Pius 4)	0
To Whom Paid Sava Jane Brace	10 10 13 \$ 315
Mailing Address 4 N 95 St	Description of Expenditire Lick of Supplied. In le Stanger
Allentoun State Zip Code (Plus 4)	Paper, endopes, labels
To Whom Paid Valley Print Canter	91 \$26 /3 \$ - 125 418.70
1337 N Nelson St	Description of Expenditure
City Allertown State Zip Code (Plus 4) V A 19109 -	W 500 (100 C 50
To Moon Paid Patricks Day Committee	3 6 13 \$ 125
Mailing Address Box 3517	
City Allegran State Zip Code (Plus 4) A /8/06-	bock bock
To Wirom Paid Brace	Amount Amount
Mailing Address.	3 / / 3 \$ //
Mailing Address. 7 / 9 / 5+ City A (A A State 7in Code (Plus 4)	Rembres Statanary
Allenton State Zip Code (Plus 4)	supplies
To Whom Paid of Carnen Dell	MO DAY YEAR Amount 4 (3 \$ (C)
Mailing Address walnut St	Description of Expenditure The Campaign Contributes
City Allenton State Zip Code (Plus 4)	The campaign controlled
To Whom Paid ; / /	
Meiling Addrage Council	4 /1 13 \$ /50
3360 AMPERT Rd	Description of Expenditure
Allenteun State Zip Code (Pius 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	7		F	Reporting	Period	
Srace ter lela	ig 4			From _	1///	13 to 5/3/13
	7				1	
To Woom Raid Liberry Bell M	lus	euu	MO.	29	YEAR /3	Amount COO
Mailing Address WHamilton S	<u> </u>		Descripti	ion of Exp	enditure	
Allenton v	State	Zip Code (Plus 4)				
To Whom Paid			Mo.	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Exp	enditure	
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)				(New York Co.)
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
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	on of Expe	nditure	Y
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YE AR	Amount
Mailing Address			Description	on of Expe	nditure	\$
City	State	Zip Code (Plus 4)				
				·		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, R	Report Cover Pa	ige, Ite	m D.		\$ 100

AGE	13	ΩF	13
		٠.	

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	Perific	7	-1	/
Name of Filing Committee or Candidate	_		From	1///	13 To 5	5/3/	13
		1		7		101	
Name of Creditor					Outstanding E	Balance o	of Debi
M. III.					\$		
Mailing Address	DATE DEBT	MO.	DAY	YEAR		,	
City	INCURRED	State	Zin Code	e (Plus 4)	4		
		0.0.0	Lip cou.	-			
Description of Debt							
Name of Creditor					Outstanding E	Balance o	f Debt
Mailing Address	DATE				\$		
	DEBT	MO.	DAY	PAR			
City	INCURRED	State	Zip Code	(Plus 4)	4		
			-	-		100	
Description of Debt							
Name of Creditor					Outstanding B	alance o	f Debt
Mailing Address	Tours				\$		
	DATE DEBT	MO.	DAY	YEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
				-	9 7 7 7 9 9 9		
Description of Debt							
				<u>1114 (144)</u>			
Name of Creditor	ý				Outstanding B	alance of	Debt
Mailing Address		Towns and the			\$		
	DATE DEBT	MO.	DAY	YEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
				•			
Description of Debt							
New (Co.)							
Name of Creditor	,				Outstanding Ba	lance of	Debt
Mailing Address	DATE	***			\$	<u> </u>	
	DEBT INCURRED	MO.	DAY	YEAR			
City	THOUMED	State	Zip Code	(Pius 4)			
			_				
Description of Debt				-			
Name of Creditor							
					Outstanding Ba	lance of	Debt
Mailing Address	DATE	MO.	87.		\$		
	DEBT INCURRED	mo.	DAY	YEAR	7448.4	a de	
City		State	Zip Code	(Plus 4)	100		
Description of Debt					Education (
Enter Grand Total of Unneid Dates -	_				PAGE TOTAL	_	
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover F	Page, Ite	em G.		\$)	1