

## CAMPAIGN FINANCE REPORT

### Name and Address of Filing Candidate or Committee

<b>Name:</b>	<i>Brace for Lehigh</i>
<b>Address:</b>	<i>227 N. 9<sup>th</sup> Street</i>
<b>City, State, Zip:</b>	<i>Allentown, Pa 18102</i>

<b>Candidate</b>		<b>Committee</b>	<i>X</i>
<b>Type of Report</b>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2017 – 30 DAY POST PRIMARY	05/16/2017	NO	
<b>Termination Report?</b>			
<b>Office Sought By Candidate</b>	<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner District 4</i>	<i>D</i>	<i>Lehigh</i>	

### Summary of Receipts & Expenditures

<b>From:</b>	<i>05/01/2017</i>	<b>To:</b>	<i>06/05/2017</i>
<b>A. Amount Brought Forward From Last Report</b>			<i>1,200.98</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>0.00</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>1,200.98</i>
<b>D. Total Expenditures (from Schedule III)</b>			<i>473.89</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>727.89</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>178.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>0.00</i>

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

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	Brace for Lehigh
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**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period (1)	\$	0
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0

**4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period (4)	\$	0
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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
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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.

Filer Identification Number	Brace for Lehigh
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						Amount			
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>						<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>				<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	

**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.)

Filer Identification Number:	Brace Per Lehigh
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	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.

File Identification Number:	Grace for Lehigh
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<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]			

**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)

Filer Identification Number:	Grace For Lehigh
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

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.

Filer Identification Number:	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

**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

Filer Identification Number: Grace For Lehigh

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

TOTAL for the reporting period (1) \$ ~~0~~ \$28

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period (2) \$ 150

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

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) \$ 178



SCHEDULE II  
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Brace for Lehigh
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Full Name of Contributor		Date [MM/DD/YYYY]		\$
Maria Brace		5/9/17		150
House #	Street Address	Date [MM/DD/YYYY]		\$
5559 <del>2771</del>	At Route 145			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Lawrys Station	PA	18059		
Description of Contribution		Mailer Design		

Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

Full Name of Contributor		Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number: Brace for Lehigh

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: Brace for Lehigh

To Whom Paid	<u>LU Print Center</u>	Date [MM/DD/YYYY]	\$	
		<u>5/10/17</u>		<u>473.09</u>

House #	<u>1701</u>	Street Address	<u>Union Blvd</u>			Description of Expenditure
City	<u>Allentown</u>	State	<u>PA</u>	Zip Code	<u>18109</u>	<u>Mail</u>

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		State		Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$			
House #		Street Address				Description of Expenditure
City		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.

Filer Identification Number:	<i>Brace for Lehigh</i>
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Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					