

CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT				
Name:		<i>Brown For Commissioner</i>		
Address:		<i>902 Lawrence Dr</i>		
City, State, Zip:		<i>Emmaus PA 18049</i>		
Candidate		Committee		<i>X</i>
Type of Report		Election Date	Amended	Termination
<i>2017 – 30 Day Post Primary</i>		<i>05/16/2017</i>	YES	
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #5</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>05/02/2017</i>	To:	<i>06/05/2017</i>	
A. Amount Brought Forward From Last Report				<i>325.78</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>4,275.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>4,600.78</i>
D. Total Expenditures (from Schedule III)				<i>3,536.34</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>1,064.44</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>25.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>(-2,731.59)</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 Brown for Commissioner	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 925.00
TOTAL for the Reporting Period (2)	\$ 1,175.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 2,400.00
All Other Contributions (Part D)	\$ 650.00
TOTAL for the Reporting Period (3)	\$ 3,050.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (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.)	\$ 4,275.00
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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 Brown for Commissioner	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
Charlie Dent for Congress	05	04	2017	\$	250.00	
Mailing Address P.O Box 442	MO.	DAY	YEAR	\$		
City Allentown	State PA	Zip Code (Plus 4) 18105 -	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	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	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	\$

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

PAGE TOTAL
\$ 250.00

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 Brown for Commissioner	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Christopher and Christina Gigler				05	15	2017	\$ 75.00
Mailing Address 951 Lawrence Drive				MO.	DAY	YEAR	\$
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		MO.	DAY	YEAR	\$
Full Name of Contributor Thomas and Cynthia Hess				05	15	2017	\$ 100.00
Mailing Address 5180 Aberdene St				MO.	DAY	YEAR	\$
City Center Valley	State PA	Zip Code (Plus 4) 18034 -		MO.	DAY	YEAR	\$
Full Name of Contributor Lisa Walter				05	15	2017	\$ 200.00
Mailing Address 523 Liberty Street				MO.	DAY	YEAR	\$
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		MO.	DAY	YEAR	\$
Full Name of Contributor Glenn and Julia Geissinger				05	15	2017	\$ 250.00
Mailing Address 1701 Rolling Meadows Drive				MO.	DAY	YEAR	\$
City Pen Argyl	State PA	Zip Code (Plus 4) 18072 -		MO.	DAY	YEAR	\$
Full Name of Contributor John Tsiouvaras Insurance Agency, LLC				05	17	2017	\$ 100.00
Mailing Address 245 Main Street				MO.	DAY	YEAR	\$
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		MO.	DAY	YEAR	\$
Full Name of Contributor Robert M. and Anne D. Episcopo				05	30	2017	\$ 200.00
Mailing Address 3787 Laurel Lane				MO.	DAY	YEAR	\$
City Center Valley	State PA	Zip Code (Plus 4) 18034 -		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	\$
		-					

PAGE TOTAL
\$ 925.00

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

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 <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee Citizens for Pat Browne	05	15	2017	\$ 2,400.00
Mailing Address 435 Business Park Lane	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) Allentown PA 18109 -	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 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 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	\$

PAGE TOTAL
\$ 2,400.00

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

ALL OTHER CONTRIBUTIONS

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 Brown for Commissioner	Reporting Period From 05-02-2017 To 06-05-2017
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Dean N. Browning	05	30	2017		\$ 650.00
Mailing Address 2432 West Congress Street	MO.	DAY	YEAR		\$
City Allentown	MO.	DAY	YEAR		\$
State PA					
Zip Code (Plus 4) 18104 -					
Employer Name New World Aviation	Occupation Executive VP, Finance & Administration/CFO				
Employer Mailing Address/Principal Place of Business Lehigh Valley International Airport, 987 Postal Road, Allentown, PA 18109					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
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
\$ 650.00

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 Candidate <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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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 \$ 0.00
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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 <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</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) \$ 25.00

2. 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 <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ 25.00
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</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	\$
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:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

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

PAGE TOTAL \$ 0.00

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</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
\$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Brown for Commissioner	Reporting Period From <u>05-02-2017</u> To <u>06-05-2017</u>
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	MO.	DAY	YEAR	Amount
To Whom Paid Lehigh County Government Center	05	03	2017	\$ 25.00
Mailing Address 17 South 7th St.	Description of Expenditure CD - Addresses for District 5 voters			
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
To Whom Paid Times News	05	03	2017	\$ 378.75
Mailing Address 1633 North 26th Street	Description of Expenditure Ad for East Penn / Salisbury Press			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
To Whom Paid Communication Concepts	05	17	2017	\$ 2,531.59
Mailing Address 2906 William Penn Highway Suite 401	Description of Expenditure Mailer, automated call			
City Easton	State PA	Zip Code (Plus 4) 18045 -		
To Whom Paid April Harold	05	17	2017	\$ 125.00
Mailing Address 6246 Venture Court	Description of Expenditure Newspaper ad, mailer, invitations			
City Slatington	State PA	Zip Code (Plus 4) 18080 -		
To Whom Paid Nathan Brown	05	17	2017	\$ 120.00
Mailing Address 902 Lawrence Drive	Description of Expenditure Poll workers - reimbursement			
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
To Whom Paid Nathan Brown	05	17	2017	\$ 160.00
Mailing Address 902 Lawrence Drive	Description of Expenditure Election night hospitality - reimbursement			
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
To Whom Paid Nathan Brown	05	17	2017	\$ 196.00
Mailing Address 902 Lawrence Drive	Description of Expenditure Postage - reimbursement			
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
To Whom Paid	MO.	DAY	YEAR	Amount
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
\$ 3,536.34

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 <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From 05-02-2017 To 06-05-2017
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Name of Creditor Communication Concepts					Outstanding Balance of Debt \$ 2,731.59		
Mailing Address 2906 William Penn Highway Suite 401			DATE DEBT INCURRED		MO. 05	DAY 02	YEAR 2017
City Easton			State PA	Zip Code (Plus 4) 18045-			
Description of Debt Printed material, automated phone calls							

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 \$ 2,731.59
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