

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

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>
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Type of Report	Election Date	Amended	Termination
2017 – 2 nd Friday Pre-Primary	05/16/2017		

Termination Report?			
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Office Sought By Candidate	Party	County
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<i>Lehigh County Commissioner Dist #5</i>	<i>R</i>	<i>Lehigh</i>
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Summary of Receipts & Expenditures

From:	<i>02/27/2017</i>	To:	<i>05/01/2017</i>
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A. Amount Brought Forward From Last Report	<i>0.00</i>
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B. Total Monetary Contributions & Receipts (from Schedule I)	<i>1,725.00</i>
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C. Total Funds Available (Sum of Lines A & B)	<i>1,725.00</i>
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D. Total Expenditures (from Schedule III)	<i>1,399.22</i>
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E. Ending Cash Balance (Subtract Line D from Line C)	<i>325.78</i>
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F. Value of In-Kind Contributions Received (from Schedule II)	<i>0.00</i>
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G. Unpaid Debts & Obligations (from Schedule IV)	<i>0.00</i>
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*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 02-17-2017 To 05-01-2017
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 525.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)		\$ 400.00
All Other Contributions (Part B)		\$ 500.00
TOTAL for the Reporting Period	(2)	\$ 900.00

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)		\$ 300.00
TOTAL for the Reporting Period	(3)	\$ 300.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 0.00
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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.)		\$ 1675.00
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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 02-17-2017 To 05-01-2017
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee James Martin Committee				04	27	2017	\$ 150.00
Mailing Address 1524 Linden Street				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18102 -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee Citizens For Ryan Mackenzie				04	26	2017	\$ 250.00
Mailing Address 3620 Lincoln Avenue				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18103 -		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
\$ 400.00

PART B

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 02-17-2017 To 05-01-2017
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Cecilia R. Birdsell				03	07	2017	\$ 100.00
Mailing Address 188 Landis Circle				MO.	DAY	YEAR	\$
City Emmaus	State Pa	Zip Code (Plus 4) 18049 -		MO.	DAY	YEAR	\$
Full Name of Contributor Dana M And Kenneth L Bacher				03	07	2017	\$ 100.00
Mailing Address 2440 Saddlebrook Road				MO.	DAY	YEAR	\$
City Macungie	State PA	Zip Code (Plus 4) 18062 -		MO.	DAY	YEAR	\$
Full Name of Contributor John Hayes				03	15	2017	\$ 100.00
Mailing Address 1006 Liberty Street				MO.	DAY	YEAR	\$
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		MO.	DAY	YEAR	\$
Full Name of Contributor William L Heydt				03	23	2017	\$ 100.00
Mailing Address 2505 Houghton Lane				MO.	DAY	YEAR	\$
City Macungie	State PA	Zip Code (Plus 4) 18062 -		MO.	DAY	YEAR	\$
Full Name of Contributor Jim Trinkle				04	30	2017	\$ 100.00
Mailing Address 1103 Harris Drive				MO.	DAY	YEAR	\$
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		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	\$

PAGE TOTAL
\$ 500.00

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 02-17-2017 To 05-01-2017
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Erin M McIntyre / Sean B. McIntyre				03	27	2017	\$ 300.00
Mailing Address				MO.	DAY	YEAR	
1684 Kevin Drive							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Bethlehem	PA	18015 -					\$
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
\$ 300.00

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 02-17-2017 To 05-01-2017
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
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 \$ 0.00

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>02-17-2017</u> To <u>05-01-2017</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>02-17-2017</u> To <u>05-01-2017</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)	\$

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>	\$ 0.00
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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>02-17-2017</u> To <u>05-01-2017</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Description of Contribution:				

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

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

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

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

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

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ 0.00
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**PART G
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 02-17-2017 To 05-01-2017
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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>02-17-2017</u> To <u>05-01-2017</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Communication Concepts	03	19	2017	\$ 106.00
Mailing Address 2906 William Penn Highway Suite 401				
Description of Expenditure Street Address List				
City Easton	State PA	Zip Code (Plus 4) 18045 -		
All likely Republicans				
April Harold (Saks)	03	28	2017	\$ 300.00
Mailing Address 6246 Venture Court				
Description of Expenditure Website Design				
City Slatington	State PA	Zip Code (Plus 4) 18080 -		
Communication Concepts	04	30	2017	\$ 993.22
Mailing Address 2906 William Penn Highway Suite 401				
Description of Expenditure Palm Cards (handouts)				
City Easton	State PA	Zip Code (Plus 4) 18045 -		
				\$
Description of Expenditure				
City	State	Zip Code (Plus 4)		
				\$
Description of Expenditure				
City	State	Zip Code (Plus 4)		
				\$
Description of Expenditure				
City	State	Zip Code (Plus 4)		
				\$
Description of Expenditure				
City	State	Zip Code (Plus 4)		
				\$
Description of Expenditure				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ 1399.22

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 Period From 02-17-2017 To 05-01-2017
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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
\$ 0.00