	CA	MPAIGN	FINANCE REF	PORT	· · · · · · · · · · · · · · · · · · ·		
	Name and A	ddress of F	iling Candidate	or Com	mitte	ee	
Name: Address: City, State, Zip: Brace for Lehigh 5559 Route 145 Laurys Station PA 18059 Report Filed By							
Candidate	· · · · · · · · · · · · · · · · · · ·		Committee		<u></u>	X	
Type of Re	port 30 Day Post	Election	Election Date 11/08/2011	Amend		Termination	
TERMINA	TION REPORT			No		No	
Office Soug	ght By Candidate	e	Party	County	7		
Lehigh County Commissioner At-Large			D	Lehigh	Lehigh		
1,.	Sumr	nary of Re	ceipts & Expend	 itures		л.,	
From:	10/25/2011		To:	11/28/2	011		
A. Amount	Brought Forwar	rd From La	st Report	<u> </u>	1,254.03		
B. Total Mo	onetary Contribi	ıtions & Re	ceipts (from Sche	dule I)	1,54	6.44	
C. Total Fu	nds Available (S	um of Lines	s A & B)		2,80	0.47	
D. Total Expenditures (from Schedule III)				2,062.50			
E. Ending Cash Balance (Subtract Line D from Line C)				· · · · · ·	737.	97	
F. Value of In-Kind Contributions Received (from Schedule II)				lule II)	4,83	8.00	
G. Unpaid	Debts & Obligati	ons (from S	schedule IV)		0.00		
			2		1		

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

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page				
Name of Filing Committee or Candidate Rece Lev Lehinh	Reporting Per From <u>10</u>	/25	To 12/d	
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	R	
TOTAL for the Reporting Period	(1)	\$ 7	71.00	IJ
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART B	0			e Galleria Paris de la companya
Contributions Received from Political Committees (Part A)		\$		
All Other Contributions (Part B)		\$	775.44	<i>′</i>
TOTAL for the Reporting Period	(2)	\$	F75.44	,
		·1		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)				a hunsided Nachtal
Contributions Received from Political Committees (Part C)		\$	D	
All Other Contributions (Part D)		\$ 5	500	
TOTAL for the Reporting Period	(3)	\$ 5	500	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC). (FROM	I PARE EL SES	1100004
TOTAL for the Reporting Period	(4)	\$	\mathscr{O}	
		·		
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		\$ /	546.44	/

PAGE 3 OF 12

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.

Full Name of Contributing Committee Mo. Mailing Address City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. Full Name of Contributing Committee Full Name of Contributing Committee Mo. Full Name of Contributing Committee	DATE DAY YEAR	* \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address City State Zip Code (Plus 4) MO. Full Name of Contributing Committee MO. City State Zip Code (Plus 4) MO. Full Name of Contributing Committee Mo. Full Name of Contributing Committee Mo. State Zip Code (Plus 4) MO. City State Zip Code (Plus 4) MO. City State Zip Code (Plus 4) MO. City State Zip Code (Plus 4) MO.	DAY YEAR DAY YEAR DAY YEAR DAY YEAR DAY YEAR	\$ \$
City State Zip Code (Plus 4) MO. Full Name of Contributing Committee MO. City State Zip Code (Plus 4) MO. Full Name of Contributing Committee MO. Full Name of Contributing Committee MO. City State Zip Code (Plus 4) MO. City State Zip Code (Plus 4) MO.	DAY YEAR DAY YEAR DAY YEAR	\$ \$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4) Full Name of Contributing Committee Mailing Address Mo City State Zip Code (Plus 4) Mo City Mo City State Zip Code (Plus 4) Mo City State Zip Code (Plus 4) Mo City State	DAY YEAR DAY YEAR	\$
Mailing Address City State Zip Code (Plus 4) Full Name of Contributing Committee Mo. Mailing Address MO. State Zip Code (Plus 4) MO. State Zip Code (Plus 4) MO.	DAY YEAR	\$
City State Zip Code (Plus 4) Full Name of Contributing Committee MO Mailing Address City State Zip Code (Plus 4) MO MO City State Zip Code (Plus 4)	DAY YEAR	
Full Name of Contributing Committee MO. Mailing Address MO. City State Zip Code (Plus 4) MD.		
Mailing Address City State Zip Code (Plus 4) MO.	DAY YEAR	\$
City State Zip Code (Plus 4) MD.		s
	DAY YEAR	\$
Full Name of Contributing Committee MO	DAY YEAR	\$
the control of the co	DAY YEAR	\$
Mailing Address Mg	DAY YEAR	\$
City State Zip Code (Plus 4)	DAY YEAR	\$
	DAY YEAR	s
Mailing Address MC.	DAY YEAR	\$
City State Zip Code (Plus 4) MG (DAY YEAR	s
	DAY YEAR	\$
	DAY YEAR	\$
City State Zip Code (Plus 4) MO	DAY YEAR	š
	PAY YEAR	\$
	DAY YEAR	\$
City State Zip Code (Pius 4) MG.	DAY YEAR	\$
	F7.Y48 (8.Y. # 1) 288	\$
	DAY YEAR	\$
City State Zip Code (Plus 4) MO.	DAY YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, S	the state of the s	PAGE TOTAL

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 Brace For Chigh		Reporting Period	25 to /2/2
		DATE	AMOUNT
Full Name of Contributor Brian Simmy Mailing Address		MO DAY YEAR	entre
Brtan Jimms Mailing Address		MO. DAY YEAR	\$ 100
City O () () () () () () () () () (2 Zig Code (Plus 4)	MO. DAY YEAR	\$
Thiladelphia PA	- 19103 -		\$
Full Name of Contributor Low Parry		10 G IC	\$ 250
Mailing Address 4050 Fredersbu	or Pd	MO. DAY YEAR	s
City Olegy Star		MO. DAY YEAR	\$
Full Name of Cogstityto	11097	编数100条数 编数020分数 数5(-20);	
Flen Parshan		16 6 16	\$ 75
Mailing Address 5752 Foxcraf	t Dr	MO DAY YEAR	\$
Schnecksville P	Zip Code (Plus 4)	MO. DAY YEAR	\$
E FUIT Name: b): Continoctor		MO. DAY YEAR	\$ 750
Mailing Address) 7 / at	race	MO. DAY YEAR	200
City 1// 0 Ster	Zip Code (Flus 4)	1/ 6 1/ MO. DAY YEAR	\$ 100.44
Allentoun P/	(810)-		\$
Full Name of Contributor		es korsa satiya√asi sakateli	\$
Mailing Address		ESMOS SEPAYES EXPAIN	\$
City	e Zip Code (Plus 4)	MO DAY YEAR	.
Full Name of Contributor			
Mailing Address	· · · · · · · · · · · · · · · · · · ·		\$
		MO. DAY YEAR	\$
City Stat	2 Zip Code (Plus 4)	MO DAY YEAR	.
Full Name of Contributor		MO, DAY YEAR	\$
Melling Address		MO: DAY YEAR	
City Stat	e Zip Code (Plus 4)	MO DAY YEAR	.
			\$
Full Name of Contributor		MO DAY YEAR	\$
Mailing Address		MO: DAY YEAR	s
City	e Zip Code (Plus. 4)	MO, DAY YEAR	s
			PAGE TOTAL
Enter Grand Total of Part B on Schedule	I, Detailed Summary	y Page, Section 2.	\$ 775.40
DSEB-502 (7-99)			



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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 Brace for Lehith	Reporting Period	1/11 To 12/2/11
Siace for covery	DATE	AMOUNT
Full Name of Contributing Committee O-O-TE/S LOCAL 30 Mailing Address 6447 Torred Cale Ave	MO DAY YEAR	\$ 500 \$
Philadelphia PA 19135-	MC 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	š
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	5.M635	ş
Mailing Address	MG. DAY YEAR	\$
City State Zip Code (Plus 4)	MG DAY YEAR	\$
Full Name of Contributing Committee	MO CAY YEAR	\$
Meiling Address	MG. DAY YEAR	· s·
City State Zip Code (Plus 4)	MO DAY YEAR	s
Full Name of Contributing Committee	MO DAY YEAR	\$
Mailing Address	MG DAY YEAR	\$
City State Zip Code (Plus. 4)	MO, DAY YEAR	s
Full Name of Contributing Committee	MQ. DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributing Committee	MO255 250A166 22/5A126	\$
Malling Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Enter Grand Total of Part C on Schedule I, Detailed Summ	ary Page, Section 3.	s \$500

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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.)

Brace for lel	rig h	From _/ O	
		DATE	AMOUNT
Full Name of Contributor		MO DAY YE	
Mailing Address	-	MG DAY YE	AR. \$
City	State Zip Code (P	lus 4) MG. DAY YE	s s
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor	······································	MO. DAY YE	AL \$
Mailing Address		SEMPAN SAVAS SAVE	AR \$
City	State Zip Code (P	lus 4) MG DAY YE	AR S
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business	A Company of the Comp		
Full Name of Contributor		MG DAY YE	AR S
Mailing Address		MO. DAY YE	^{An} s
City	State Zip Code (P	lus 4) MG DAY YE	AL 5
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business	<u> </u>		
Full Name of Contributor		MO. DAY YE	4-1 \$
Mailing Address		MO DAY YE	^{AR} s
City	State Zip Code (P	tus 4) MO DAY YE	** ***********************************
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MG GAY YE	ARE S
Mailing, Address		OAY YE	AR S
Gity	State Zip Code (P	lus 4) MG, DAY YE	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Enter Grand Total of Part D on Sched	lule I, Detailed S	ummary Page, Section 3.	PAGE TOTAL

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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 Bruce Committee or Candidate	righ	٨	R	eporting ∫ From	Period $0/26$	To 12/2
Fuli Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	.*.	1				
Full Name				*****		
Meiling Address		· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	<u> </u>	
City	State	Zip Code (Plus 4)	MC	DAY	YEAR	Amount \$
Receipt Description	·					
Full Name			<u>-</u>			
Mailing Address			<u> </u>		- 	makatata ana ana ana ana ana ana ana ana an
City	State.	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description					:	•
Full Name				***************************************		
Mailing Address				· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Cade (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Fuli Name			· · · · · · · · · · · · · · · · · · ·		<u></u>	
Mailing Address	·	<u> </u>			·····	ransida kalendara da kalendara da
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				w		p
Full Name				• • • • •	-, -, 	
Mailing Address						
City	State	Zip Code (Plus 4)	M O	DAY	YEAR	Amount
Receipt Description	<u> </u>					\$
						PAGE TOTAL
Enter Grand Total of Part E on Sched	lule I,	, Detailed Summary	Page,	Section	1 4,	\$ 0

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SCHEDULE II

PAGE 8 OF 12

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 on Candidate Race te/ lehigh	Reporting Period From $10/25$ To $12/2$
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	
TOTAL for the Reporting Peri	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$	\$250.00 (FROM PART F)
TOTAL for the Reporting Peri	riod (2) \$4780.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FI	ROM PART G
TOTAL for the Reporting Peri	riod (3) \$ 4 750,00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1; 2,	· \$4.838

PAGE 9 OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	, [1	Reporting P	eriod	15/3
Brace for [ہارم	iah	From 10	2/25	To /d/d
	·		BATE		
Full Name of Contributor			DATE DAY	YEAR	AMOUNT
Meiling Address				\$	
Manufil Andress			MO. DAY	YEAR \$	
City	State	Zip Code (Pius 4)	MC. DAY		
		-		S	
Description of Contribution:				·1	
Full Name of Contributor			MO. DAY	YEAR \$	
Meiling Address			MG DAY	YEAR .	
				\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR .	
		::-		\$	
Description of Contribution:					<u>,</u>
Full Name of Contributor			MO DAY	YEAR	
				\$	
Melling Address			MO DAY	YEAR	
				\$	
City	State	Zip Code (Plus 4)	MO DAY	S S	
Description of Contribution					
Full Name of Contributor			MG. DAY	YEAR .	
				\$	
Mailing Address			MG. DAY	YEAR \$	
City	State	Zip Code (Plus 4)			
	21010	Lip Code (Files 4)	MO, DAY	YEAR \$	
Description of Contribution	11				
			and the second second		
Full Name of Contributor		- 	MC DAY	YEAR \$	
Mailing Address	/		MDs DAY		
			MOSTERIA	S S	
Сіну	State	Zip Code (Plus 4)	MO. DAY	YEAR	
		, manuar .		\$	
Description of Contribution:					**
Full Name of Contributor			Ministration of the Control of the C	Cincolnius Anno	
two weins at Contributor			MC. DAY	S S	-
Mailing Address			MG. DAY	/EAD	<u> </u>
				\$	
City	State	Zip Code (Plus 4)	MO DAY	ÆARE æ	Description of the Anti-Conference of the Association of the Associati
Description of Contribution:				\$	
Perception of Continuetors					
				TO A C	E TOTAL
Enter Grand Total of Part F on Sched	ule II,	In-Kind Contribut	ions Detailed	.	(7)
Summary Page, Section 2.				\$	Υ

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Significant Certain Committee of Candidate Committee of Candidate	hic	o).	Reporting I	Period/	5 to 12/2
	· · · · · · · · · · · · · · · · · · ·		DATE		AMOUNT
Full Name of Contributor By Associate. Mailing Address City City Market Commerce Way	~ A	Realters PAC	MG. DAY	YEAR	\$ 4780
Mailing Address		reacions inc	MO DAY	YEAR	\$
10 5 Commerce Way	State	Zip Code (Flus 4)	MC DAY	YEAR	
Bothlehen	\$74	14/07-			\$
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	***************************************		Description of Con	tribution	- 00
			Mailing, R		
Full Name of Contributor				77 HEAT	S
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Employer of Contributor			Occupation	LJ	4
Employer Mailing Address/Principal Place of Business			Description of Cont	tribution	
Full Name of Contributor			MG DAY	YEAR	\$
Mailing Address			WO. BAY	YEAR	
					\$
City	State	Zip Code (Plus 4)	MO DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupation	[-	
Employer Mailing Address/Principal Place of Business	····		Description of Cont	tribution	
Employed Helling Address House Co. Co.			Debut pour ar com	ir iwu t, u	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			MC DAY	YEAR	\$
Meiling Address	**\		MO. DAY	YEAR	
City	State	Zip Code (Plus 4)		Vr 30	\$
- City	31010	Tip Lines Ir ins -x	MO. DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupation	····	
Employer Mailing Address/Principal Place of Business		economic contractions	Description of Cont	tribution	
Full Name of Contributor			NO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MC DAY	УЕАЯ	
Employer of Contributor		-	Occupation		\$
Employer or contributor			- Occobation		
Employer Mailing Address/Principal Place of Business		, , , , , , , , , , , , , , , , , , ,	Description of Cont	ribution	y de la companya de l
		<u> </u>			PAGE TOTAL
Enter Grand Total of Part G on Scheo Summary Page, Section 3.	iule II,	, In-Kind Contribut	ions Detailed		s 4780

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Brace Fer Lehigh	From 10/25 To 12/2
To Whom Paid L V Print (enter	MG DAY YEAR AMOUNT 6 2.50
Mailing Address 337 Nelson 5+	Description of Expenditure Printing
Albutan State Zip Code (Pius 4)	
To Whom Paid Sovice	MD. DAY YEAR Amount 900
Mailing Address 442 W Hamilton St	Description of Expenditure
City A PH Zip Code (Plus 4)	
To Whom Paid Jane Brace	MO. DAY YEAR AMOUNT 250
Meiling Address 27 N 9th of	Description of Expenditure Office Supplies in k
Allenan H 18102-	Baper, envelopez, labol
Ta Whom Paid Sara Jan Brace	MG DAY YEAR AMOUNT 5
Mailing Address 227 N 973 St	Description of Expenditure POStage, Enveloper
Alleware PA 18102 -	
To Whom Paid	MO DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MQ DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount \$
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MD: DAY VEAR Amount
Mailing Address	Description of Expenditura
City State Zip Code (Plus 4)	- <u> </u>
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$ JUGJ. 5

PAGE 12 OF 12

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 Cale Cale	Lehigh	Reporting Period	25 to 12/2
·	V		
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEST INCURRED	MG. DAY YEAR	
City	1,100,11120	State Zip Code (P(us 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	<u> </u>
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt	A STATE OF THE STA		
Name of Creditor			
Mailing Address			Outstanding Balance of Debt
City	DATE DEBT INCURRED	MG. DAY YEAR	
Description of Debt	and the second s	State Zip Code (Plus 4)	
Scott Ipridity of Best			
Name of Creditor		15. 1111.00	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MC DAY YEAR	
City		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Malling Address	DATE DEBT INCURRED	MIG DAY YEAR	
Спу	, A	State Zip Code (Plus 4)	
Description of Debt		<u></u>	
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO DAY YEAR	
City.	INCURRED	State Zip Code (Plus 4)	
Dascription of Debt		1	4
	N. C.		PAGE TOTAL
Enter Grand Total of Unpaid Debts	on Page 1, Report Cover	Page, Item G.	\$