

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 – 30 DAY POST PRIMARY	05/16/2017	NO	

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

From:	<i>05/02/2017</i>	To:	<i>06/05/2017</i>
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A. Amount Brought Forward From Last Report	<i>325.78</i>
B. Total Monetary Contributions & Receipts (from Schedule I)	<i>5,129.75</i>
C. Total Funds Available (Sum of Lines A & B)	<i>5,455.53</i>
D. Total Expenditures (from Schedule III)	<i>3,536.34</i>
E. Ending Cash Balance (Subtract Line D from Line C)	<i>1,919.19</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)	\$ 1,504.75
TOTAL for the Reporting Period (3)	\$ 3,904.75

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.)	\$ 5,129.75
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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 05-02-2017 To 06-05-2017
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee Charlie Dent for Congress	05	04	2017	\$ 250.00
Mailing Address P.O Box 442	MO.	DAY	YEAR	\$
City Allentown	PA	Zip Code (Plus 4) 18105 -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$

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 05-02-2017 To 06-05-2017
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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		\$
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		\$
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		\$
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		\$
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		\$
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		\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$

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				\$
City State Zip Code (Plus 4) Allentown PA 18109 -				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

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

PAGE TOTAL \$ 2,400.00

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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Full Name of Contributor	DATE			AMOUNT
	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	DATE			AMOUNT
	MO.	DAY	YEAR	
Nathan Brown	05	06	2017	\$ 378.75
Mailing Address 902 Lawrence Drive	MO.	DAY	YEAR	\$
City Emmaus	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18049 -			
Employer Name CSI	Occupation Mgr. of Life Safety Systems			
Employer Mailing Address/Principal Place of Business 4670 Schantz Road, Allentown, PA 18104				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Nathan Brown	05	10	2017	\$ 196.00
Mailing Address 902 Lawrence Drive	MO.	DAY	YEAR	\$
City Emmaus	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18049 -			
Employer Name CSI	Occupation Mgr. of Life Safety Systems			
Employer Mailing Address/Principal Place of Business 4670 Schantz Road, Allentown, PA 18104				

Full Name of Contributor	DATE			AMOUNT
	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	DATE			AMOUNT
	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
\$ 1,504.75

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 05-02-2017 To 06-05-2017
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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 Brown for Commissioner	Reporting Period From 05-02-2017 To 06-05-2017
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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:							

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

PAGE TOTAL
\$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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	\$
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 05-02-2017 To 06-05-2017
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To Whom Paid Lehigh County Government Center	MO.	DAY	YEAR	Amount
Mailing Address 17 South 7th St.	05	03	2017	\$ 25.00
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
Description of Expenditure CD - Addresses for District 5 voters				

To Whom Paid Times News	MO.	DAY	YEAR	Amount
Mailing Address 1633 North 26th Street	05	03	2017	\$ 378.75
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Description of Expenditure Ad for East Penn / Salisbury Press				

To Whom Paid Communication Concepts	MO.	DAY	YEAR	Amount
Mailing Address 2906 William Penn Highway Suite 401	05	17	2017	\$ 2,531.59
City Easton	State PA	Zip Code (Plus 4) 18045 -		
Description of Expenditure Mailer, automated call				

To Whom Paid April Harold	MO.	DAY	YEAR	Amount
Mailing Address 6246 Venture Court	05	17	2017	\$ 125.00
City Slatington	State PA	Zip Code (Plus 4) 18080 -		
Description of Expenditure Newspaper ad, mailer, invitations				

To Whom Paid Nathan Brown	MO.	DAY	YEAR	Amount
Mailing Address 902 Lawrence Drive	05	17	2017	\$ 120.00
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
Description of Expenditure Poll workers - reimbursement				

To Whom Paid Nathan Brown	MO.	DAY	YEAR	Amount
Mailing Address 902 Lawrence Drive	05	17	2017	\$ 160.00
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
Description of Expenditure Election night hospitality - reimbursement				

To Whom Paid Nathan Brown	MO.	DAY	YEAR	Amount
Mailing Address 902 Lawrence Drive	05	17	2017	\$ 196.00
City Emmaus	State PA	Zip Code (Plus 4) 18049 -		
Description of Expenditure Postage - reimbursement				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 3,536.34
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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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