	CA	MPAIGN F	INANCE REP	ORT		
Name: Address: Brown For Commissioner 902 Lawrence Dr City, State, Zip: Emmaus PA 18049						
Candidate			Committee			X
Type of Report 2017 – 2 nd Friday Pre-Election		n	Election Date 11/07/2017	Amended		Termination
Termination	Report?					
Office Sought By Candidate		·	Party	County		
Lehigh Coun	ty Commissione	r Dist #5	R	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	06/06/2017		To:	10/23/2	017	
A. Amount B	rought Forwar	d From Last	t Report		1,064.44	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	0.00	
C. Total Funds Available (Sum of Lines A & B)					1,064.44	
D. Total Expenditures (from Schedule III)					560.00	
E. Ending Cash Balance (Subtract Line D from Line C)					504.44	
F. Value of In	ı-Kind Contrib	utions Recei	ved (from Sched	ule II)	0.00	
G. Unpaid De	ebts & Obligation	ons (from Sc	chedule IV)		(-2,3.	31.59)

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

SCHEDULE !

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Brown for Commissioner	From 06-06-2017 To 10-23-2017

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	TRIBUTOR
TOTAL for the Reporting Period (1)	\$ 0.00

2. CONTRIBUTIONS \$50,01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period	(2) \$ 0.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. OTHER RECEIPTS - REFUNDS,	INTEREST EARNED, RETURNED CHECKS	S, ET	C. (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.)	\$ 0.00

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			Ţ	Reporting	Period	
Brown for Commissioner					06-06-7	-2017 To 10-23-2017
				DATE		AMOUNT
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)				\$
		21p 000e (F105)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	- s
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						\$
Mailing Address			MO.	DAY	YEAR	\$
			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	Zin Codo (Blue 4)				\$
•	3.6.5	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sche	-4.15	Described Occurren				PAGE TOTAL
	Jaule I,	Detailed Summary	Page, :	Section	2.	\$ 0.00
FB-502 (7-99)						

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	Reporting Period	
Brown for Commissioner	From 06-06-2017	To 10-23-2017

				DATE		AMOUNT
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)				7
	3,5,5		MO.	DAY	YEAR	- \$
Full Name of Contributor						*
Tan Manua di Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	10000	
			MU.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			VEPE	† \$
Full Name of Contributor			MO.	DAY	YEAR	
			1		IEAN	
Mailing Address			MO.	DAY	YEAR	
						7 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address	· · · · · · · · · · · · · · · · · · ·] \$
			MO.	DAY	YEAR	\$
City	State	210 Code 101 - 1				-
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor						\$
an rame of contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			1		TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-			15/11	\$
ull Name of Contributor			MQ.	DAY	YEAR	
						\$
failing Address			MO.	DAY	YEAR	_
lity						\$
,,,,,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	V
W. Marrie of Co.		_				\$
ull Name of Contributor			MO.	DAY	YEAR	£
Mailing Address						\$
			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)				7
	3.5.6	- Lib code (LIR2 4)	MO.	DAY	YEAR	•
						\$
						PAGE TOTAL

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

\$ 0.00

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		Reporting f				
Brown for Commis		From _	06-06-20	17 To 10-23-2017		
				DATE		AMOUNT
Full Name of Contributing Committee			MQ.	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			MQ.	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)	MQ.	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
Enter Grand Total of Part C on Sche	dule i	, Detailed Summary	y Page	, Section	n 3.	\$ 0.00

PAKI D **ALL OTHER CONTRIBUTIONS**

PAGE 6 OF 12

0.00

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	F	Reporting				
Brown for Commiss	sioner			From 0	6-06-20	17 _{To} 10-23-2017
				· · · · · · · · · · · · · · · · · · ·		
				DATE		AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupat	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business			1			
Employer Marring Address/Frincipal Flace of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-		<u> </u>	<u> </u>	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address		***	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	L		Occupat	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
					1 2 3 3 3	\$
Mailing Address	*****		MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MQ.	DAY	YEAR	\$
Employer Name			Occupati	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	L,		Occupati	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business			<u> </u>			
		<u> </u>				
Enter Grand Total of Part D on Sched	iule I,	Detailed Summary	y Page,	Sectio	n 3.	PAGE TOTAL

DSEB-502 (7-99)

Reporting Period

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.

ıll Name		_	F			***************************************	
ilina Addrace							
illing Address			Additional and additional and an additional				
	LCar						
ity	Stat	•	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
eceipt Description	•			-		<u> </u>	
ull Name		_					
failing Address							
City	Stat	te	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description							\$
ull Name							
Mailing Address							
City	State	e	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount &
Receipt Description						<u></u>	\$
uli Name							
Mailing Address							
City	I Sto	-	100				
	State	•	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
eceipt Description			,	<u>-</u>			
ull Name							
Mailing Address							
ity	State	.e	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description		\perp					\$
				<u> </u>			
uli Name							
failing Address							
ity	State	一	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		上	_				\$
eceipt Description							
eceipt Description		-					PAGE TOTAL

Name of Filing Committee or Candidate

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 or Candidate	Reporting Pe	Period				
Brown for Commissioner	From06	-06-2017 _T	o <u>10-23-2017</u>			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR	LESS PER (CONTRIBUTOR			
TOTAL for the Reporting Perio	od (1)	\$				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROI	W PART F)				
TOTAL for the Reporting Perio	od (2)	\$				
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	UM PART)				
TOTAL for the Reporting Perio	od (3)	\$:			
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 E)		\$ 0.00				

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

					Reporting Period				
Brown for Commissioner					From <u>06-06-2017</u> To <u>10-23-2017</u>				
				DATE		AMOUNT			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	s			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:					<u>.l.</u>				
Full Name of Contributor									
			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR				
Description of Contribution:	<u> </u>				<u></u>	 \$			
Full Name of Contributor			•						
rui Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR				
City	16					\$			
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:									
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY.	<u></u>	ð			
			- MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:	<u>. </u>				L				
Full Name of Contributor			MO.	DAY	YEAR				
Mailing Address					TEAN	\$			
			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	\$			
Dity	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
Description of Contribution:		_				\$			
Inter Grand Total of Part 5 on Sahadi	10 11	In Kind Committee	•			PAGE TOTAL			
Enter Grand Total of Part F on Schedu Summary Page, Section 2.	ne II,	in-kina Contributi	ions De	tailed		\$ 0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting	Period				
Brown for Commissioner									
BIOWITIOI COMMISSIONEI	From <u>06-06-2017</u> To <u>10-23-201</u>								
				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			Occupa	ition	<u> </u>				
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ntribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupa						
Employer Mailing Address/Principal Place of Business	Descri	ption of Ca	ntribution						
Full Name of Contributor	MO.	DAY	YEAR	\$					
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupa	Occupation					
Employer Mailing Address/Principal Place of Business				otion of Cor	ntribution				
Full Name of Contributor			MQ.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City State Zip Code (Plus 4) —				DAY	YEAR	\$			
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business	Descri	otion of Cor	ntribution						
Full Name of Contributor			MQ.	DAY	YEAR	\$			
Mailing Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
City Employer of Contributor	MO.	DAY	YEAR	\$					
Employer of Contributor	Occupa								
Employer Mailing Address/Principal Place of Business			Descrip	otion of Cor		DACE TOTAL			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$ 0.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Brown for Commissioner								
To Whem Paid	Name of Filing Committee or Candidate			R	_		7 10 22 2017	
Communication Concepts	Brown for Commissioner		From U	0-00-201	./ _{To} 10-23-201/			
Communication Concepts					· · · · · · · · · · · · · · · · · · ·			
Communication Concepts Secretary Sec	To Whom Paid			MO.	DAY	YEAR	Amount	
Robo Call (2)	Communication Concepts						\$ 400.00	
State Zip Code Plus 4 PA RMON Paid RMAINS RMON Paid RMAINS RM	Mailing Address			Description	on of Expe	enditure		
Factor PA 18045				Robo (Call (2)			
No. DAY YEAR Amount State Place	City			l				
Second S	Easton	FA	10043					
Description of Expenditure Service Charges	To Whom Paid							
Service Charges State Zip Code (Plus 4) PA 18049							\$ 12.00	
State Zip Code (Plus 4) PA 18049 PA 18049 PA PA PA PA PA PA PA P				1	•			
To Whom Paid BB&T Bank Description of Expenditure Service Charges		State	Zin Code (Pius A)	Service	ce Charg	(E2		
BB&T Bank			18049 _					
BB&T Bank				1 100	544	1 10545	Amount	
Description of Expenditure Service Charges								
Service Charges Service Charges							3 12.00	
PA 18049				Servi	ce Charg	es		
Mo. DAY YEAR Amount	City							
BB&T Bank	EMMAUS	PA	18049 –	j				
Description of Expenditure Service Charges	To Whom Paid			MO.	DAY	YEAR	Amount	
State Zip Code (Plus 4)	BB&T Bank						\$ 12.00	
State Zip Code (Plus 4) PA 18049	Mailing Address			Descripti	on of Exp	enditure		
PA 18049		Servi	ce Char	ges				
To Whom Paid BB&T Bank Mo. DAY YEAR 09 21 2017 \$ 12.00 Mailing Address 235 MAIN ST City EMMAUS To Whom Paid BB&T Bank Mo. DAY YEAR Service Charges Mo. DAY YEAR 12.00 Description of Expenditure Service Charges Mo. DAY YEAR 10 23 2017 \$ 12.00 Mailing Address 235 MAIN ST City EMMAUS To Whom Paid State Zip Code (Plus 4) PA 18049 - State Zip Code (Plus 4) PA 18049 - County of Lehigh Mo. DAY YEAR 10 23 2017 \$ 12.00 Description of Expenditure Service Charges City State Zip Code (Plus 4) PA 18049 - Description of Expenditure Filing of Petition To Whom Paid County of Lehigh Mailing Address 17 South 7th St. City Allentown To Whom Paid County of Lehigh Mo. DAY YEAR Filing of Petition City State Zip Code (Plus 4) PA 18101 - Democratic Ballot Mo. DAY YEAR Amount State Zip Code (Plus 4) Democratic Ballot Amount S Amount S Description of Expenditure Amount S Description of Expenditure City State Zip Code (Plus 4) Democratic Ballot Description of Expenditure	City							
BB&T Bank D9 21 2017 \$ 12.00	EMMAUS	FA	18049 -	<u> </u>				
Description of Expenditure	To Whom Paid							
State Zip Code (Plus 4) PA 18049							\$ 12.00	
State Zip Code (Plus 4) PA 18049				1 '	-			
To Whom Peid BB&T Bank Mo. DAY YEAR Amount 10 23 2017 \$ 12.00 Description of Expenditure Service Charges To Whom Paid County of Lehigh Moi. DAY YEAR Amount Service Charges Mo. DAY YEAR Amount Service Charges Description of Expenditure Filing of Petition To Whom Paid Democratic Balkot Moi. DAY YEAR Amount Service Charges		State	7 in Code (Plus 4)	Jeivic	e Charge			
Mo. DAY YEAR Amount State Zip Code (Plus 4) PA 18101 PA 18101 PA 18101 PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA 18101 PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA 18101 PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA 18101 PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA Mo. DAY YEAR Amount State Zip Code (Plus 4) PA Representation Zip Code (Plus 4) PA Representation Zip Code (Plus 4) PA Representati	· ·							
BB&T Bank		_L		1		Vest	Amount	
Description of Expenditure Service Charges State Service Charges State PA 18049 - To Whom Paid County of Lehigh Mailing Address 17 South 7th St. State PA 18049 - Description of Expenditure Service Charges Mo. DAY YEAR 100.00 Mailing Address Filling of Petition State PA 18101 - Democratic Ballot Mo. DAY YEAR Amount State PA 18101 - Democratic Ballot Mo. DAY YEAR Amount Service Charges								
235 MAIN ST City EMMAUS To Whom Paid County of Lehigh Mailing Address 17 South 7th St. City Allentown To Whom Paid City State PA State Zip Code (Plus 4) PA 18049 Description of Expenditure Filing of Petition Democratic Ballot Mo. DAY YEAR State Filing of Petition Democratic Ballot Mo. DAY YEAR Amount \$ Democratic Ballot To Whom Paid Mo. DAY YEAR Amount \$ Description of Expenditure Filing of Petition To Whom Paid State Zip Code (Plus 4) PA State Zip Code (Plus 4) PA Description of Expenditure							J 12.00	
EMMAUS To Whom Paid County of Lehigh Mailing Address 17 South 7th St. City Allentown To Whom Paid City State Allentown State State Amount State State State State State State State State Amount State Filing of Petition Democratic Ballot Mo. DAY YEAR Amount State Democratic Ballot Mo. DAY YEAR Amount State State				Service Charges				
To Whom Paid County of Lehigh Mo. DAY YEAR 10 23 2017 \$ 100.00 Mailing Address 17 South 7th St. City Allentown To Whom Paid Mo. DAY YEAR 100.00 Description of Expenditure Filing of Petition Democratic Ballot Mo. DAY YEAR Amount \$ Mo. DAY YEAR Description of Expenditure Filing of Petition To Whom Paid Mo. DAY YEAR Amount \$ Mailing Address Description of Expenditure State Zip Code (Plus 4) Description of Expenditure	City	1						
County of Lehigh Mailing Address 17 South 7th St. City Allentown To Whom Paid Mailing Address City State Zip Code (Plus 4) PA 18101 - Democratic Ballot Mo. DAY YEAR Amount \$ Mo. DAY YEAR Amount \$ City City State Zip Code (Plus 4) City Mo. DAY YEAR Amount \$ City City State Zip Code (Plus 4) —	EMMAUS	PA	18049 –					
Mailing Address 17 South 7th St. City Allentown To Whom Paid Mailing Address City State Zip Code (Plus 4) PA 18101 — Democratic Ballot Mo. DAY YEAR Amount \$ Mailing Address City State Zip Code (Plus 4) — Description of Expenditure	To Whom Paid			MO.	DAY	YEAR		
17 South 7th St. City Allentown To Whom Paid Mailing Address City State Zip Code (Plus 4) PA 18101 — Democratic Ballot Mo. DAY YEAR Amount \$ Description of Expenditure City State Zip Code (Plus 4) —	County of Lehigh			10	23	2017	\$ 100.00	
Allentown To Whom Paid Mo. DAY YEAR Amount Mailing Address City State Zip Code (Plus 4) Democratic Ballot Description of Expenditure	Mailing Address							
Allentown To Whom Paid Mo. DAY YEAR Amount \$ Mailing Address City State Zip Code (Plus 4) —	17 South 7th St.			Filing	of Petit	ion		
To Whom Paid MO. DAY YEAR Amount \$ Mailing Address City State Zip Code (Plus 4)	City		3	Dome	ocratic R	aliot		
Mailing Address Description of Expenditure City State Zip Code (Plus 4) —	Allentown	PA	18101 -	Delik	ociatic b	anot		
Mailing Address Description of Expenditura City State Zip Code (Plus 4) —	To Whom Paid			MO.	DAY	YE AR		
City State Zip Code (Plus 4) —				Deserved	00.54.5	andiaur :	\$	
	Mailing Address			Descripti	on of EXP	auditnis		
_	City	State	Zip Code (Plus 4)	 				
PACE TOTAL			_					
			l	<u>.l</u>			PAGE TOTAL	
Enter Grand Total of Evpanditures on Page 1 Report Cover Page Item D & 560.00								

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		Reporting	Period		
Brown for Commissioner		From(06-06-21	017 To 10-23-2017	
Name of Creditor Communication Concents					Outstanding Balance of Debt \$ 2,331.59
Communication Concepts Mailing Address	DATE	05	02	2017	\$ 2,331.33
2906 William Penn Highway Suite 401	DEBT	MO.	18045	YEAR	
City	Incomed	State	Zip Code	(Plus 4)	
Easton			_		
Description of Debt Printed material					
Name of Creditor				-	Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
•	DEBT		+ 20.	TEAN	
City	HOURNED	State	Zip Code	(Plus 4)	 Leading the second of the secon
			_		(1) And the second of the s
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
	INCURRED		<u> </u>		
City		State	Zip Code	(Plus 4)	Andreas (1996) Andrea
Description of Debt					elis or response to a personal to the second of the second
Name of Creditor					Outstanding Balance of Debt
				'	\$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	1	1 2207		\$
	DEBT	MO.	DAY	YEAR	 Head of the property of the prope
City	INCURRED	State	Zip Code ((Plus 4)	
				, , , , , , , , , , , , , , , , , , ,	
Description of Debt					
Name of Creditor					O C C B - Dalling & Data
value of oresto.				1	Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	4
	DEBT INCURRED				
City		State	Zip Code ((Plus 4)	
- Part of Kills					
Description of Debt					
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					_
	34 " " " " " " " " " " " " " " " " " " "	. 450,	.0111 -	"	▶ 2,331.59