

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
2017 – 2 nd Friday Pre-Election	11/07/2017	NO	
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>06/06/2017</i>	To:	<i>10/23/2017</i>
A. Amount Brought Forward From Last Report			<i>1,064.44</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>
C. Total Funds Available (Sum of Lines A & B)			<i>1,064.44</i>
D. Total Expenditures (from Schedule III)			<i>560.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>504.44</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-2,331.59)</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 06-06-2017 To 10-23-2017
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
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, 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.)	\$ 0.00
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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>06-06-2017</u> To <u>10-23-2017</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ 0.00

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 <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>06-06-2017</u> To <u>10-23-2017</u>
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Full Name of Contributor			DATE			AMOUNT
			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	\$
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	\$
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	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 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 Brown for Commissioner	Reporting Period From 06-06-2017 To 10-23-2017
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						

PAGE TOTAL	\$ 0.00
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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 <p style="text-align: center;">Brown for Commissioner</p>	Reporting Period From <u>06-06-2017</u> To <u>10-23-2017</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 Name				Occupation			
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				Occupation			
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				Occupation			
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				Occupation			
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				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 Brown for Commissioner	Reporting Period From 06-06-2017 To 10-23-2017
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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 06-06-2017 To 10-23-2017
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

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 (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 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>06-06-2017</u> To <u>10-23-2017</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

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

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

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

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

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

**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 <u>06-06-2017</u> To <u>10-23-2017</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 06-06-2017 To 10-23-2017
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To Whom Paid	MO.	DAY	YEAR	Amount
Communication Concepts	06	14	2017	\$ 400.00
Mailing Address 2906 William Penn Highway Suite 401	Description of Expenditure Robo Call (2)			
City Easton	State PA	Zip Code (Plus 4) 18045 -		
BB&T Bank	06	21	2017	\$ 12.00
Mailing Address 235 MAIN ST	Description of Expenditure Service Charges			
City EMMAUS	State PA	Zip Code (Plus 4) 18049 -		
BB&T Bank	07	21	2017	\$ 12.00
Mailing Address 235 MAIN ST	Description of Expenditure Service Charges			
City EMMAUS	State PA	Zip Code (Plus 4) 18049 -		
BB&T Bank	08	21	2017	\$ 12.00
Mailing Address 235 MAIN ST	Description of Expenditure Service Charges			
City EMMAUS	State PA	Zip Code (Plus 4) 18049 -		
BB&T Bank	09	21	2017	\$ 12.00
Mailing Address 235 MAIN ST	Description of Expenditure Service Charges			
City EMMAUS	State PA	Zip Code (Plus 4) 18049 -		
BB&T Bank	10	23	2017	\$ 12.00
Mailing Address 235 MAIN ST	Description of Expenditure Service Charges			
City EMMAUS	State PA	Zip Code (Plus 4) 18049 -		
County of Lehigh	10	23	2017	\$ 100.00
Mailing Address 17 South 7th St.	Description of Expenditure Filing of Petition			
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 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 Brown for Commissioner	Reporting Period From 06-06-2017 To 10-23-2017
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Name of Creditor Communication Concepts				Outstanding Balance of Debt \$ 2,331.59		
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						

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 \$ 2,331.59
