

CAMPAIGN FINANCE REPORT

Name:		<i>Brace for Lehigh</i>	
Address:		<i>227 N 9th St</i>	
City, State, Zip:		<i>Allentown PA 18102</i>	
Candidate		Committee	
		<i>X</i>	
Type of Report		Election Date	Amended
2017 – 30 Day Post-Election		<i>11/07/2017</i>	
Termination Report?			
Office Sought By Candidate		Party	County
<i>Lehigh County Commissioner Dist #4</i>		<i>D</i>	<i>Lehigh</i>
Summary of Receipts & Expenditures			
From:	<i>10/24/2017</i>	To:	<i>11/27/2017</i>
A. Amount Brought Forward From Last Report			<i>477.89</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>492.42</i>
C. Total Funds Available (Sum of Lines A & B)			<i>970.31</i>
D. Total Expenditures (from Schedule III)			<i>0.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>970.31</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>

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

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Brace for Lehigh	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	492.42
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	492.42
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
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)	\$	492.42

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.

Filer Identification Number	Brace for Leigh
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						Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$

0

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Brace for Lehigh
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

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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.

Filer Identification Number:	Brace for Lehigh
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Full Name of Contributing Committee		Friends of Sarajane Brace			Date [MM/DD/YYYY]	\$	492.42
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
227	N 9th St	PA	18102				
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	

492.42

**PART D
All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Brace for Leahy
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	<i>Brace for Lehigh</i>
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Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description							

SCHEDULE II

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

Filer Identification Number:	Brace for Leigh		
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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
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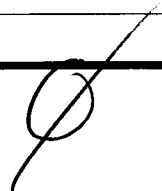
SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	<i>Brace for Leigh</i>
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution						



SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: *Brace for Leigh*

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Brace for Leigh

To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expenditure			
City		State		Zip Code		

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.

Filer Identification Number: <i>Grace Fer Leigh</i>

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					