

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		2010237		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: ROSEMARY BROWN FOR STATE REP												
Street Address: PO BOX 17												
City: TANNERSVILLE						State: PA			Zip Code: 18372			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	189	STH	REP	45
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	6	2014		6	9	2014				
A. Amount Brought Forward From Last Report						\$ 24,221.26						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,951.03						
C. Total Funds Available (Sum Of Lines A and B)						\$ 27,172.29						
D. Total Expenditures (From Schedule III)						\$ 1,608.27						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 25,564.02						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ROSEMARY BROWN FOR STATE REP	From: <u>5/6/2014</u> To: <u>6/9/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 75.00

2. Contributions Received - \$ 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)	\$ 850.00
TOTAL for the Reporting Period (2)	\$ 850.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 600.00
All Other Contributions (Part D)	\$ 1,300.00
TOTAL for the Reporting Period (3)	\$ 1,900.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 126.03

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 Page1, Report Cover Page, Item B.)	\$ 2,951.03
---	-------------

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 ROSEMARY BROWN FOR STATE REP	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
--	--

DATE	AMOUNT
-------------	---------------

Full Name of Contributor WILLIAM F. MC CABE #105			MO	DAY	YEAR	\$ 100.00
Mailing Address 2219 WHITETAIL CT			5	14	2014	
City STBG	State PA	Zip Code (Plus 4) 18360				

Full Name of Contributor JOHN / DONNA TINSLEY #5605			MO	DAY	YEAR	\$ 200.00
Mailing Address 5526 HAMILTON SOUTH			5	14	2014	
City SCIOTA	State PA	Zip Code (Plus 4) 18354				

Full Name of Contributor M / M THEODORE WIEGAND #8639				MO	DAY	YEAR	\$ 150.00
Mailing Address 2215 VISTA CIR.				5	14	2014	
City E. STBG	State PA	Zip Code (Plus 4) 183026631					

Full Name of Contributor RICHARD / SHARON DE FINO #1715			MO	DAY	YEAR	\$ 200.00
Mailing Address 437 SHARRICK COURT			5	29	2014	
City STBG	State PA	Zip Code (Plus 4) 183607049				

Full Name of Contributor BROADHEAD WATERSHED ASSOC. #3034			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 339 (REIMBURSED FOR CK# 1475)			6	3	2014	
City HENRYVILLE	State PA	Zip Code (Plus 4) 18332				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
TIMOTHY / LYDIA REEVES #917						
Mailing Address			6	9	2014	
109 WOOSLERY						
City	State	Zip Code (Plus 4)				
STBG	PA	18360				

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

PAGE TOTAL
\$ 850.00

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 from Over \$250.00 in the reporting period.**

Name of Filing Committee or Candidate ROSEMARY BROWN FOR STATE REP	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
--	--

				DATE		AMOUNT	
Full Name of Contributing Committee CHAMBER PAC #4885				MO	DAY	YEAR	\$ 300.00
Mailing Address 417 WALNUT ST.				5	12	2014	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011902					
Full Name of Contributing Committee FRIENDS OF BILL ADOLPH #3395				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 303				6	2	2014	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064					

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

PAGE TOTAL
\$ 600.00

PART D
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 ROSEMARY BROWN FOR STATE REP	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
--	--

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
GINA / MARK BERTUCCI (TURNER)							
Mailing Address HC 1 BOX 800				5	20	2014	\$ 1,000.00
City SCIOTA	State PA	Zip Code (Plus 4) 18354					
Employer Name SELF				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor				MO	DAY	YEAR	
DOMINICK / CHRISTINE AGRON #1564							
Mailing Address PO BOX 10				5	29	2014	\$ 300.00
City DINGMANS FERRY	State PA	Zip Code (Plus 4) 18328					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 1,300.00

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 ROSEMARY BROWN FOR STATE REP	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
--	--

				DATE	AMOUNT
Full Name BARRETT TOWNSHIP SUP.				MO	\$ 100.00
Mailing Address 993 RT 390				DAY	
City CRESCO	State PA	Zip Code (Plus 4) 18326	YEAR		
Receipt Description RETURN OF CK # 1477 FOR PERMIT					
Full Name ESSA				MO	\$ 1.03
Mailing Address 200 PALMER ST				DAY	
City STBG	State PA	Zip Code (Plus 4) 18360	YEAR		
Receipt Description INTEREST 5/1 - 5/30					
Full Name CHECK #1469 POSTED AS #100 IS ONLY \$75.00 CREDIT ACCT.				MO	\$ 25.00
Mailing Address				DAY	
City	State	Zip Code (Plus 4)	YEAR		
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 126.03

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

Name of Filing Committee or Candidate		Reporting Period	
ROSEMARY BROWN FOR STATE REP		From: <u>5/6/2014</u> To: <u>6/9/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
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

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		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	Reporting Period
ROSEMARY BROWN FOR STATE REP	From <u>5/6/2014</u> To: <u>6/9/2014</u>

DATE				AMOUNT
To Whom Paid J. T. DESIGNS #1511	MO	DAY	YEAR	\$ 20.00
Mailing Address 500 N COURTLAND ST	5	13	2014	
City E. STBG	State PA	Zip Code (Plus 4) 18301	Description of Expenditure BAL. OF INVOICE FOR WEB SITE	
To Whom Paid FIRST BANKCARD #1512	MO	DAY	YEAR	\$ 338.27
Mailing Address PO BOX 2818	5	29	2014	
City OMAHA	State NE	Zip Code (Plus 4) 681032818	Description of Expenditure DOUBLE M PRODUCTIONS, STAPLES, CTC CONSTANT CONTRACT.COM	
To Whom Paid MAKE A WISH #1479	MO	DAY	YEAR	\$ 60.00
Mailing Address 1327 PITTSTON AVE	5	6	2014	
City SCRANTON	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION	
To Whom Paid BARRETT TOWNSHIP #1477	MO	DAY	YEAR	\$ 100.00
Mailing Address 993 RT 390	5	8	2014	
City CRESCO	State PA	Zip Code (Plus 4) 18326	Description of Expenditure	
To Whom Paid I A C MONROE COUNTY #1478	MO	DAY	YEAR	\$ 20.00
Mailing Address PO BOX 1278	5	9	2014	
City STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure	

To Whom Paid MINSI TRAILS COUNCIL, B.S. #1452			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 20624			5	14	2014	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure DONATION			

To Whom Paid AFRICAN AMERICAN NETWORK #1483			MO	DAY	YEAR	\$ 20.00
Mailing Address PO BOX 821			5	14	2014	
City E. STBG	State PA	Zip Code (Plus 4) 18301	Description of Expenditure			

To Whom Paid PIKE COUNTY REPUBLICAN COM #1455			MO	DAY	YEAR	\$ 100.00
Mailing Address 165 WOODTOWN RD.			5	27	2014	
City SHAHOLA	State PA	Zip Code (Plus 4)	Description of Expenditure			

To Whom Paid LORI PORTER - LUPUS FOUNDATION #1486			MO	DAY	YEAR	\$ 50.00
Mailing Address			5	31	2014	
City E. STBG	State PA	Zip Code (Plus 4) 18301	Description of Expenditure DINNER TICKET FUNDRAISER			

To Whom Paid PSU GOLF TOURN. #1487			MO	DAY	YEAR	\$ 50.00
Mailing Address 1105 FRANCIS LANE			6	4	2014	
City STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure			

To Whom Paid HABITAT FOR HUMANITY #1488			MO	DAY	YEAR	\$ 150.00
Mailing Address PO BOX 731			6	4	2014	
City STBG	State PA	Zip Code (Plus 4)	Description of Expenditure			

To Whom Paid VALOR FOUNDATION #1489			MO	DAY	YEAR	
Mailing Address PO BOX 315			6	4	2014	
City BRODHEADSVILLE	State PA	Zip Code (Plus 4) 18322	Description of Expenditure HOMELESS VETS DONATION			

To Whom Paid MONROE COUNTY REPUBLICAN PARTY 1479			MO	DAY	YEAR	
Mailing Address PARK AVE.			5	25	2014	
City STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure SPRING DINNER TABLE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,608.27

