

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2010237		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> ROSEMARY BROWN STATE REP												
<b>Street Address:</b> PO BOX 17												
<b>City:</b> TANNERSVILLE						<b>State:</b> PA			<b>Zip Code:</b> 18372			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	189	STH	REP	45
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	25	2016		11	28	2016				
<b>A. Amount Brought Forward From Last Report</b>						\$ 14,051.53						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 3,126.30						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 17,177.83						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 11,703.59						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 5,474.24						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 26,197.66						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROSEMARY BROWN STATE REP	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 250.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,500.00
<b>All Other Contributions (Part D)</b>	\$ 1,300.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 2,800.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 26.30

<b>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.)</b>	\$ 3,126.30
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**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROSEMARY BROWN STATE REP	<b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u>

				DATE			AMOUNT	
Full Name of Contributor FRED BARNS M.D. VIRGINIA G. BARNES MD					MO	DAY	YEAR	\$ 250.00
Mailing Address 216 GREAT BEAR WAY RD.					10	31	2016	
City EAST STBG		State PA	Zip Code (Plus 4) 18302					

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

<b>PAGE TOTAL</b>
\$ 250.00

**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.**

<b>Name of Filing Committee or Candidate</b>  ROSEMARY BROWN STATE REP	<b>Reporting Period</b>  <b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee FRIENDS OF KURT MASSER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 57 MOUNTAIN RD.				11	1	2016	
City SHAMOKIN	State PA	Zip Code (Plus 4) 17872					
Full Name of Contributing Committee PENNSYLVANIA BANKERS PUBLIC AFFAIRS				MO	DAY	YEAR	\$ 500.00
Mailing Address 3897 NORTH FRONT ST.				11	4	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					

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

<b>PAGE TOTAL</b>
\$ 1,500.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  ROSEMARY BROWN STATE REP	<b>Reporting Period</b>  <b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
RUSSELL D. SCOTT III							
Mailing Address AUTUMN SCOTT PO BOX 1067				10	31	2016	\$ 300.00
City MARSHALLS CREEK	State PA	Zip Code (Plus 4) 18335					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor				MO	DAY	YEAR	
MARILOUISE MCNALLY							
Mailing Address LOOIEMC@EARTHLINK.NET LONG POND PA				11	2	2016	\$ 1,000.00
City	State	Zip Code (Plus 4)					
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.

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b>  ROSEMARY BROWN STATE REP	<b>Reporting Period</b>  From: <u>10/25/2016</u> To: <u>11/28/2016</u>
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				DATE			AMOUNT
<b>Full Name</b> ROSS TOWNSHIP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> PO BOX 276				11	10	2016	
<b>City</b> SAYLORSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18353					
<b>Receipt Description</b> RETURN OF POLITICAL SIGN DEPOSIT							

<b>Full Name</b> ESSA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1.30
<b>Mailing Address</b> 200 PALMER ST.				10	29	2016	
<b>City</b> STBG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360					
<b>Receipt Description</b> INTEREST							

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

<b>PAGE TOTAL</b>
\$ 26.30

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
ROSEMARY BROWN STATE REP		From: <u>10/25/2016</u> To: <u>11/28/2016</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 26,197.66
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.)			\$ 26,197.66



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

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROSEMARY BROWN STATE REP	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

				DATE		AMOUNT	
Full Name of Contributor REPUBLICAN PARTY OF PA.				MO	DAY	YEAR	\$  5,330.00
Mailing Address    112 STATE ST				10	31	2016	
City    HARRISBURG	State  PA	Zip Code(Plus 4)  17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution  LIT. & POSTAGE	

Full Name of Contributor REPUBLICAN PARTY OF PA.				MO	DAY	YEAR	\$ 2,622.00
Mailing Address    112 STATE ST				10	31	2016	
City    HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution  LIT. & POSTAGE	

Full Name of Contributor REPUBLICAN PARTY OF PA.				MO	DAY	YEAR	\$  5,835.00
Mailing Address    112 STATE ST				10	31	2016	
City    HARRISBURG	State  PA	Zip Code(Plus 4)  17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution			
				LIT. & POSTAGE			

<b>Full Name of Contributor</b> REPUBLICAN PARTY OF PA.				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,861.00
<b>Mailing Address</b> 112 STATE ST				10	31	2016	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 17101					
<b>Employer of Contributor</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b> LIT. & POSTAGE		

<b>Full Name of Contributor</b> REPUBLICAN PARTY OF PA.				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,835.00
<b>Mailing Address</b> 112 STATE ST.				11	2	2016	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 17101					
<b>Employer of Contributor</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b> CAMPAIGN LIT & POSTAGE		

<b>Full Name of Contributor</b> REPUBLICAN PARTY OF PA.				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,861.00
<b>Mailing Address</b> 112 STATE ST.				11	2	2016	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 17101					
<b>Employer of Contributor</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b> CAMPAIGN LIT & POSTAGE		

<b>Full Name of Contributor</b> CHARLES KENNEBECKER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 574.00
<b>Mailing Address</b> DINGMANS FERRY PA							
<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>					
<b>Employer of Contributor</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b>		

<b>Full Name of Contributor</b> HRCC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 279.66
<b>Mailing Address</b> PO BOX 11787				11	10	2016	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 17108					
<b>Employer of Contributor</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b> DATA, LISTS, & POSTCARDS		
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>						<b>PAGE TOTAL</b> 26,197.66	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROSEMARY BROWN STATE REP	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT		
To Whom Paid HRCC			MO	DAY	YEAR	\$ 8,000.00
Mailing Address			10	28	2016	
City	HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION		
To Whom Paid MAIN ST PRINTING			MO	DAY	YEAR	\$ 235.32
Mailing Address 408 MAIN ST			11	22	2016	
City	STBG	State PA	Zip Code (Plus 4) 18372	Description of Expenditure INVOICE 08885, 08801, 08896		
To Whom Paid KIWANSIS STROUDSBURG			MO	DAY	YEAR	\$ 150.00
Mailing Address 1220 W. MAIN ST			10	29	2016	
City	STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure SPONSOR		
To Whom Paid SONIASWEET INSPIRATIONS			MO	DAY	YEAR	\$ 150.00
Mailing Address 708 ROSEMOND AVE			11	6	2016	
City	STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure MEETING FOOD		
To Whom Paid CATHOLIC SOCIAL SERVICE			MO	DAY	YEAR	\$ 250.00
Mailing Address 516 FIG ST.			11	15	2016	
City	SCRANTON	State PA	Zip Code (Plus 4)	Description of Expenditure SPONSOR		

<b>To Whom Paid</b> SALVATION ARMY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> WASHINGTON ST.			11	20	2016	
<b>City</b> E. STBG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18301	<b>Description of Expenditure</b> AD			

<b>To Whom Paid</b> MEALS ON WHEELS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 9 N 9TH ST			11	23	2016	
<b>City</b> STBG.	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18360	<b>Description of Expenditure</b> THANK YOU			

<b>To Whom Paid</b> FIRST BANKCARD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 2818			11	25	2016	
<b>City</b> OMAHA	<b>State</b> NE	<b>Zip Code (Plus 4)</b> 68103288	<b>Description of Expenditure</b>			

<b>To Whom Paid</b> PAY PAL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b>						
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> FEES			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 11,703.59

