

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 :		20160009		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JOHN BROWN												
Street Address: 403 S MAIN ST												
City: NAZARETH						State: PA			Zip Code: 18064			
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.	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	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
						MO	DAY	YEAR				
						11	8	2016				
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY			
						10	25	2016				TO
						11	28	2016				
A. Amount Brought Forward From Last Report						\$ 3,796.97						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,751.73						
C. Total Funds Available (Sum Of Lines A and B)						\$ 9,548.70						
D. Total Expenditures (From Schedule III)						\$ 7,051.16						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,497.54						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 9,027.64						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 37,799.79						

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
FRIENDS OF JOHN BROWN	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 33.38

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 600.00
All Other Contributions (Part B)	\$ 633.15
TOTAL for the Reporting Period (2)	\$ 1,233.15

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 4,000.00
All Other Contributions (Part D)	\$ 485.20
TOTAL for the Reporting Period (3)	\$ 4,485.20

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 Page1, Report Cover Page, Item B.)	\$ 5,751.73
---	-------------

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 FRIENDS OF JOHN BROWN	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee WESTMORELAND COUNTY CHAPTER OF PA FED OF REP WOMEN			MO	DAY	YEAR	\$ 250.00
Mailing Address 16 E. OTTERMAN STREET SUITE 103			11	10	2016	
City GREENSBURG	State PA	Zip Code (Plus 4) 15601				

Full Name of Contributing Committee AREA III REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 250.00
Mailing Address 1200 HARMONYVILLE ROAD			11	10	2016	
City POTTSTOWN	State PA	Zip Code (Plus 4) 19465				

Full Name of Contributing Committee P.F.R.W. P.A.C.			MO	DAY	YEAR	\$ 100.00
Mailing Address 313 ONEIDA STREET			11	10	2016	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15211				

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

PAGE TOTAL
\$ 600.00

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	Reporting Period
FRIENDS OF JOHN BROWN	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

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

Full Name of Contributor	MO	DAY	YEAR	\$ 100.00
DEPUE PROPERTY MANAGEMENT				
Mailing Address 1033 CONSTITUTION AVENUE				
City PEN ARGYL	State PA	Zip Code (Plus 4) 18072	10 31 2016	

Full Name of Contributor	MO	DAY	YEAR	\$ 96.80
ROBERT MIKLAS				
Mailing Address 222 S. WALNUT STREET				
City BATH	State PA	Zip Code (Plus 4) 18014	11 4 2016	

Full Name of Contributor	MO	DAY	YEAR	\$ 193.90
RICHARD MCATEER				
Mailing Address 433 PAXINOSA AVENUE				
City EASTON	State PA	Zip Code (Plus 4) 18042	10 25 2016	

Full Name of Contributor	MO	DAY	YEAR	\$ 242.45
STEVEN HURNI				
Mailing Address 308 CRESTMONT STREET				
City PEN ARGYL	State PA	Zip Code (Plus 4) 18072	11 1 2016	

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

PAGE TOTAL
\$ 633.15

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 FRIENDS OF JOHN BROWN	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
---	--

				DATE		AMOUNT	
Full Name of Contributing Committee ALPHA DEVELOPMENT GROUP, LP				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 400 NORTHAMPTON STREET SUITE 700				10	31	2016	
City EASTON	State PA	Zip Code (Plus 4) 18042					
Full Name of Contributing Committee NORTHEAST LEADERSHIP FUND				MO	DAY	YEAR	\$ 3,000.00
Mailing Address 454 S. MAIN STREET				10	26	2016	
City WILKES BARRE	State PA	Zip Code (Plus 4) 18703					

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

PAGE TOTAL
\$ 4,000.00

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 FRIENDS OF JOHN BROWN	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
---	--

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
ELMER HEINEL							
Mailing Address 9 PROSPECT AVENUE				10	29	2016	\$ 485.20
City SUMMIT	State NJ	Zip Code (Plus 4) 07901					
Employer Name				Occupation SELF EMPLOYED			
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
\$ 485.20

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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 0.00

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	
FRIENDS OF JOHN BROWN		From: <u>10/25/2016</u> To: <u>11/28/2016</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 9,027.64
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.)			\$ 9,027.64

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 FRIENDS OF JOHN BROWN	Reporting Period 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	\$ 1,169.51
Mailing Address 112 STATE ST				10	28	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 CAMPAIGN LITERATURE AND POSTAGE	

Full Name of Contributor				MO	DAY	YEAR	\$2,140.41
REPUBLICAN PARTY OF PA				11	2	2016	
Mailing Address		112 STATE ST					
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	
						CAMPAIGN LITERATURE AND POSTAGE	

Full Name of Contributor REPUBLICAN PARTY OF PA				MO	DAY	YEAR	\$ 5,717.72
Mailing Address 112 STATE ST				11	9	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 CAMPAIGN LITERATURE AND POSTAGE	

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

PAGE TOTAL

9,027.64

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JOHN BROWN	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT		
To Whom Paid REPUBLICAN PARTY OF PA			MO	DAY	YEAR	\$ 6,000.00
Mailing Address 112 STATE ST			11	4	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			
To Whom Paid M&T BANK			MO	DAY	YEAR	\$ 2.70
Mailing Address			11	8	2016	
City	State	Zip Code (Plus 4)	Description of Expenditure BANK SERVICE CHARGE			
To Whom Paid MARY BARKET			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 169 SPRING ST			11	8	2016	
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure CAMPAIGN MANAGER			
To Whom Paid CASEY H HOCH			MO	DAY	YEAR	\$ 36.46
Mailing Address 403 S MAIN ST			11	2	2016	
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure MAIL EXPENSE REIMB			
To Whom Paid SMART CENTS			MO	DAY	YEAR	\$ 12.00
Mailing Address 37 E BELVIDERE ST			10	26	2016	
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure NOTARY			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,051.16

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 FRIENDS OF JOHN BROWN				Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>			
---	--	--	--	--	--	--	--

				Outstanding Balance of Debt			
				DATE			
Name of Creditor LN CONSULTING				MO	DAY	YEAR	\$ 35,980.00
Mailing Address 121 STATE ST				6	1	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		Description of Debt CONSULTING MAR, APR, MAY, JUN, JULY, AUG & POSTAGE			

				Outstanding Balance of Debt			
				DATE			
Name of Creditor JOHN BROWN				MO	DAY	YEAR	\$ 1,819.79
Mailing Address 500 S 7TH ST				11	1	2016	
City BANGOR	State PA	Zip Code (Plus 4) 18013		Description of Debt TRAVEL REIMB			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 37,799.79	
--	--	--	--	--	--	---------------------------------------	--