

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 FR. 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 2018	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	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	1	2018		6	4	2018				
A. Amount Brought Forward From Last Report						\$ 37,981.22						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 7,336.68						
C. Total Funds Available (Sum Of Lines A and B)						\$ 45,317.90						
D. Total Expenditures (From Schedule III)						\$ 3,358.04						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 41,959.86						
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 FR. STATE REP.	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 85.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 3,250.00
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 3,450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,800.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1.68

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.)	\$ 7,336.68
---	-------------

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				Reporting Period			
ROSEMARY BROWN FR. STATE REP.				From: <u>5/1/2018</u> To: <u>6/4/2018</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA MEDICAL POL. ACTION COM.			5	1	2018	
Mailing Address	PO BOX 8820	City				
HARRISBURG	State	Zip Code (Plus 4)				
	PA	171058820				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
BIKE PAC			5	16	2018	
Mailing Address	PO BOX 564	City				
MECHANICSBURG	State	Zip Code (Plus 4)				
	PA	17055				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
FIRST POLITICAL ACT. COM.			5	18	2018	
Mailing Address	76 S. MAIN ST.	City				
AKRON	State	Zip Code (Plus 4)				
	OH	443081890				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
CERTIFIED PUBLIC ACCOUNTANTS			5	21	2018	
Mailing Address	500 N. 3RD ST. SUITE 600A	City				
HARRISBURG	State	Zip Code (Plus 4)				
	PA	17101				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
AT&T PAC PENNSYLVANIA			5	29	2018	
Mailing Address	192 W. STATE ST.	City				
TRENTON	State	Zip Code (Plus 4)				
	NJ	086081104				

Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST.			5	29	2018	
City CAMP HILL	State PA	Zip Code (Plus 4) 170890089				
Full Name of Contributing Committee PA. FRATERNAL ORDER OF POLICE POL. ACT			MO	DAY	YEAR	\$ 250.00
Mailing Address 2949 N. FRONT ST.			5	29	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 171101250				
Full Name of Contributing Committee BETTER PENNSYLVANIA PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 121 STATE ST.			5	29	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee LEWIS ECKERT ROBB & CO			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 311			5	22	2018	
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19462				
Full Name of Contributing Committee Z PAC - PA. SOC. OF ANESTHESIOLOGIST			MO	DAY	YEAR	\$ 250.00
Mailing Address 50 S PROVIDENCE RD.			5	22	2018	
City MEDIA	State PA	Zip Code (Plus 4) 19063				
Full Name of Contributing Committee CHAMBER PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 417 WALNUT ST			5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011902				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
VERIZON COMMUNICATIONS						
Mailing Address 417 WALNUT ST.			5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee PA. COALITION OF NURSE PRAC.			MO	DAY	YEAR	\$ 250.00
Mailing Address 2400 ARDMORE BLVD.			5	22	2018	
City PITTSBURG	State PA	Zip Code (Plus 4) 152215299				

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

PAGE TOTAL
\$ 3,250.00

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 ROSEMARY BROWN FR. STATE REP.	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
---	--

				DATE			AMOUNT	
Full Name of Contributor WILLIAM ROBINSON				MO	DAY	YEAR	\$ 100.00	
Mailing Address 1290 CAMBELL WAY				5	18	2018		
City	TOBYHANNA	State	PA					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
TOM HOGAN						
Mailing Address MILFORD PA			5	29	2018	
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 200.00

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 FR. STATE REP.	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
---	--

				DATE		AMOUNT	
Full Name of Contributing Committee THE PENNSYLVANIA INSURANCE POL. ACT.				MO	DAY	YEAR	\$ 500.00
Mailing Address 1600 MARKET ST. SUITE 1720				5	16	2018	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee P P & L PEOPLE FOR GOOD GOVT				MO	DAY	YEAR	\$ 500.00
Mailing Address TWO NORTH NINTH ST				5	16	2018	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101					
Full Name of Contributing Committee JM ULIANA & ASSOC., LLC				MO	DAY	YEAR	\$ 500.00
Mailing Address 2571 BAGHYOS CIRCLE B20				5	16	2018	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18020					
Full Name of Contributing Committee C U PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 4309 NORTH FRONT ST.				5	18	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee PA. REALTORS POL. ACT. COM.				MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N. 12TH ST.				5	18	2018	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043					

Full Name of Contributing Committee PA COMMITTEE FOR AFFORDABLE HOUSING			MO	DAY	YEAR	\$ 500.00
Mailing Address 2509 N. FRONT ST.			5	25	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee PAA-PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1925 N. FRONT ST.			5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee PA. OPTOMETRIC POL. ACTION COM			MO	DAY	YEAR	\$ 300.00
Mailing Address 218 NORTH ST			5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						PAGE TOTAL \$ 3,800.00

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	Reporting Period
	From: To:

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

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 ROSEMARY BROWN FR. STATE REP.	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
---	--

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
ESSA BANK						
Mailing Address 200 PALMER ST			5	31	2018	\$ 1.68
City STROUDSBURG	State PA	Zip Code (Plus 4) 18360				
Receipt Description INTEREST						

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

PAGE TOTAL
\$ 1.68

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 FR. STATE REP.		From: <u>5/1/2018</u> To: <u>6/4/2018</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 FR. STATE REP.	From <u>5/1/2018</u> To: <u>6/4/2018</u>

			DATE		AMOUNT	
To Whom Paid FIRST NATIONAL BANK OMAHA			MO	DAY	YEAR	\$ 1,918.04
Mailing Address PO BOX 2818			5	21	2018	
City OMAHA	State NE	Zip Code (Plus 4) 681032818	Description of Expenditure CAPITAL PROMOTIONS, CTC CONSTANT CONTACT BLUE BROWN FOR REP. COM. HOUSE REP. CAMPAIGN			
To Whom Paid UNITED WAY PIKE COUNTY			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	18	2018	
City MILFORD	State PA	Zip Code (Plus 4) 18337	Description of Expenditure SPONSOR			
To Whom Paid SAW CREEK MEN'S CLUB			MO	DAY	YEAR	\$ 50.00
Mailing Address 203 ST. ANDREWS ST.			5	18	2018	
City BUSHKILL	State PA	Zip Code (Plus 4) 18324	Description of Expenditure SPONSOR			
To Whom Paid KNIGHTS OF COLUMBUS			MO	DAY	YEAR	\$ 35.00
Mailing Address 660 WHIPPOORWILL DRIVE			5	18	2018	
City BUSHKILL	State PA	Zip Code (Plus 4) 18324	Description of Expenditure AD			
To Whom Paid SEAN P. CUNNINGHAM MEMORIAL FUND			MO	DAY	YEAR	\$ 150.00
Mailing Address 206 EAST BROWN ST.			5	18	2018	
City EAST STBG	State PA	Zip Code (Plus 4) 18301	Description of Expenditure AD			

To Whom Paid RSVP MONROE COUNTY			MO	DAY	YEAR	\$ 80.00
Mailing Address 411 MAIN ST			5	18	2018	
City STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure AD			

To Whom Paid SALVATION ARMY			MO	DAY	YEAR	\$ 75.00
Mailing Address WASHINGTON ST.			5	18	2018	
City EAST STBG	State PA	Zip Code (Plus 4) 18301	Description of Expenditure AD			

To Whom Paid UNITED WAY OF MONROE			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 790			5	18	2018	
City TANNERSVILLE	State PA	Zip Code (Plus 4) 18372	Description of Expenditure SPONSOR			

To Whom Paid MEALS ON WHEELS			MO	DAY	YEAR	\$ 250.00
Mailing Address 9 NORTH 9TH ST			5	18	2018	
City STBG	State PA	Zip Code (Plus 4) 18369	Description of Expenditure SPONSOR			

To Whom Paid PIKE REPUBLICAN PARTY			MO	DAY	YEAR	\$ 100.00
Mailing Address 107 EAST HIGH ST.			5	18	2018	
City MILFORD	State PA	Zip Code (Plus 4) 18337	Description of Expenditure SPONSOR			

To Whom Paid KINSLEY MARKET			MO	DAY	YEAR	\$ 100.00
Mailing Address 107 KINSLEYS DRIVE			5	2	2018	
City BROADHEADSVILLE	State PA	Zip Code (Plus 4)	Description of Expenditure SPONSOR			

To Whom Paid HRCC			MO	DAY	YEAR	
Mailing Address 500 N. 3RD ST			6	4	2018	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure EVENT			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,358.04

