

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 :		20190255		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF MARGIE BROWN												
Street Address: 10 CLARK DRIVE												
City: BRADFORD						State: PA			Zip Code: 16701			
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2019	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	DEM			
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	26	2019		12	31	2019				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,430.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 1,430.00						
D. Total Expenditures (From Schedule III)						\$ 24.63						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,405.37						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 86.33						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 900.00						

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
FRIENDS OF MARGIE BROWN	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 30.00

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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 1,250.00
TOTAL for the Reporting Period (3)	\$ 1,250.00

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.)	\$ 1,430.00
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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)**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF MARGIE BROWN	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 150.00
TIM RICE				
Mailing Address 909 CHAMPLAIN PLACE				
City GIBSONIA	State PA	Zip Code (Plus 4) 15044	10 22 2019	

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

PAGE TOTAL
\$ 150.00

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	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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 MARGIE BROWN	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MARGARET BROWN							
Mailing Address 106 SUMAR RD				10	22	2019	\$ 400.00
City ST MARYS	State PA	Zip Code (Plus 4) 15857					
Employer Name UNIVERSITY OF PITTSBURGH AT BRADFORD				Occupation FACULTY			
Employer Mailing Address/Principal Place of Business 300 CAMPUS DR			City BRADFORD		State PA	Zip Code (Plus 4) 16701	

				MO	DAY	YEAR	
MARGARET BROWN							
Mailing Address 106 SUMAR RD				8	27	2019	\$ 500.00
City ST MARYS	State PA	Zip Code (Plus 4) 15857					
Employer Name UNIVERSITY OF PITTSBURGH AT BRADFORD				Occupation FACULTY			
Employer Mailing Address/Principal Place of Business 300 CAMPUS DR			City BRADFORD		State PA	Zip Code (Plus 4) 16701	

				MO	DAY	YEAR	
SCOTT BROWN							
Mailing Address 106 SUMAR ROAD				11	6	2019	\$ 350.00
City ST MARYS	State PA	Zip Code (Plus 4) 15857					
Employer Name ALLEGHENY COATINGS				Occupation PLANT MANAGER			
Employer Mailing Address/Principal Place of Business 224 RIVER RD			City RIDGWAY		State PA	Zip Code (Plus 4) 15853	

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

PAGE TOTAL	
\$	1,250.00

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	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 MARGIE BROWN		From: <u>11/26/2019</u> To: <u>12/31/2019</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)	\$ 86.33
3. IN-KIND CONTRIBUTION RECEIVED - 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.)			\$ 86.33

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

Name of Filing Committee or Candidate FRIENDS OF MARGIE BROWN	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MARGARET BROWN							
Mailing Address 106 SUMAR RD				12	30	2019	\$ 86.33
City ST MARYS	State PA	Zip Code (Plus 4) 15857					
Description of Contribution: BUSINESS CARDS							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 86.33

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF MARGIE BROWN	From <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid VANTIV ECOMMERCE	MO	DAY	YEAR	
Mailing Address 8500 GOVERNORS HILL DR	10	9	2019	\$ 2.16
City SYMMES TOWNSHIP	State OH	Zip Code (Plus 4) 45249	Description of Expenditure TRANSACTION FEE	
To Whom Paid VANTIV ECOMMERCE	MO	DAY	YEAR	
Mailing Address 8500 GOVERNORS HILL DR	11	12	2019	\$ 2.66
City SYMMES TOWNSHIP	State OH	Zip Code (Plus 4) 45249	Description of Expenditure TRANSACTION FEE	
To Whom Paid VANTIV ECOMMERCE	MO	DAY	YEAR	
Mailing Address 8500 GOVERNORS HILL DR	12	10	2019	\$ 2.66
City SYMMES TOWNSHIP	State OH	Zip Code (Plus 4) 45249	Description of Expenditure TRANSACTION FEE	
To Whom Paid CNB BANK	MO	DAY	YEAR	
Mailing Address PO BOX 42	8	27	2019	\$ 17.15
City CLEARFIELD	State OH	Zip Code (Plus 4) 16830	Description of Expenditure CHECKBOOK	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 24.63

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 MARGIE BROWN				Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>			
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						Outstanding Balance of Debt		
						DATE		
Name of Creditor MARGARET BROWN					MO	DAY	YEAR	\$ 500.00
Mailing Address 106 SUMAR RD					8	27	2019	
City ST MARYS	State PA	Zip Code (Plus 4) 15857		Description of Debt CAMPAIGN LOAN				

						Outstanding Balance of Debt		
						DATE		
Name of Creditor MARGARET BROWN					MO	DAY	YEAR	\$ 400.00
Mailing Address 106 SUMAR RD					10	22	2019	
City ST MARYS	State PA	Zip Code (Plus 4) 15857		Description of Debt CAMPAIGN LOAN				

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 900.00
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