# **Campaign Finance Report**

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

Filer Identificati Number :	i <b>on</b> 2019	0255			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
	Committee, Candida	ate or Lo	obbyist:			_		MARGIE	BROWN	1							
Street Address:	10 CLARK DRI	IVE															
City:	BRADFORD							State:	PA			<b>Zip Code:</b> 16701					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		D DA RIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	5.		) da Lect		POST-	6.		TERMIN/ REPORT		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2019					IG METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candidat	e:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								мо	DAY	YE	AR			DEN	1		
								11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	Expenditures from: 11 26 2019							12	3	1	2019						
A. Amount Bro	ught Forward From	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions A	And Reco	eipts (From	Sche	dule I)	)	\$			1,4	130.00	-					
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)						\$			1,4	430.00						
D. Total Expenditures (From Schedule III)							\$				24.63						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		_	\$			1,4	05.37	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				86.33						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	)			\$			ç	900.00						
				AFF	IDAV	ΊT	SE	CTION									
	s a Committee repo		-						• •		-	-					
I swear (or affirm) correct and comple	) that this report, inclue te.	uding the	attached scl	nedules	s filed o	n pa	per o	or by elect	ronic me	dium	, are to t	the best o	f my knov	ledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of		20							S	ignature	e of Perso	n Submitt	ing Rep	oort		
	Signatur		-			_						Prin	ted Name				
My Commission Ex	-	-										Ema	il				
	мо	DA	AY	YR					Are	a Cod	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee,	Can	dida	ate shall	sign he	re.							
I swear (or affirm) No 320) as amendo	that to the best of med.	ıy knowle	edge and beli	ef this	politica	il co	mmi	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this										s	ignature	of Candida	te			
	day of											Printe	d Name				
My Commission Exp	Signature											Ema	il				
	МО	DA	AY	YR					Area (	Code		D	aytime Te	lephon	e Numb	er	

### 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:** 12/31/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 30.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 150.00 All Other Contributions (Part B) \$ **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 1,250.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,250.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,430.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidat	e		Reporting Period						
			From: To:			):			
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

Use this Part to ite	\$ mize all 0.01 to \$	50.02 other 250.0	00 in the repo	s wi	ith an 1g peri	aggrega iod.			rom
Name of Filing Committee or Candidat	e			Rep	orting Pe	eriod			
FRIENDS OF MARGIE BROWN			Froi	m:	<u>11/26/2</u>	2 <u>019</u> To			
						DATE			AMOUNT
Full Name of Contributor TIM RICE					мо	DAY	YEAR		
Mailing Address 909 CHAMPLAIN PL	ACE							\$	150.00
City GIBSONIA	State		Zip Code (Plus 4)		10	22	2019		
	PA		15044						
									PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I,	Detail	ed Summary Pag	e, Se	ection 2			\$	150.00

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 Candic	late		Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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				Rep	orting Pe	riod				
FRIENDS OF MARGIE BROWN				From	n:	<u>11/26/2</u>	019 To	: <u>12/31/2019</u>		
					DA	TE		AMOUNT		
Full Name of Contributor MARGARET BROWN					мо	DAY	YEAR			
Mailing 106 SUMAR RD Address								<b>\$</b> 400.00		
City ST MARYS	State	Zip	o Code (Plus	; 4)	10	22	2019			
	PA	15	857							
Employer Name UNIVERSITY OF PITTS	SBURGH AT BRADFC	ORD			Occupat	<b>ion</b> F	ACULTY	,		
Employer Mailing Address/Principal Plac Business	e of		City		1	State		Zip Code (Plus 4)		
300 CAMPUS DR			BRADFOF	RD		PA		16701		
Full Name of Contributor MARGARET BROWN					мо	DAY	YEAR			
Mailing 106 SUMAR RD								<b>\$</b> 500.00		
City ST MARYS	State	Zip	o Code (Plus	; 4)	8	27	2019			
	PA	15	857							
Employer Name UNIVERSITY OF PITTS	SBURGH AT BRADFC	ORD			Occupation FACULTY					
Employer Mailing Address/Principal Plac Business	e of		City		State Zip Coc			Zip Code (Plus 4)		
300 CAMPUS DR			BRADFOF	RD		РА		16701		
Full Name of Contributor SCOTT BROWN					мо	DAY	YEAR			
Mailing 106 SUMAR ROAD								<b>\$</b> 350.00		
City ST MARYS	State	Zip	o Code (Plus	; 4)	11	6	2019			
	PA	15	857							
Employer Name ALLEGHENY COATINGS			Occupat	ion P	LANT M	ANAGER				
Employer Mailing Address/Principal Plac Business	e of		City		State			Zip Code (Plus 4)		
224 RIVER RD			RIDGWA	Y		PA		15853		

\$

### 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		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description				I				
Enter Grand Total of Part E c	n Schedule I. Detailer	l Summary Page	Section	4			PAGE TOT	AL
	in Schedule I, Detailet	i Summaly Paye,	Section	4.			\$	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 Perio	d	
FRIENDS OF MARGIE BROWN	From:	<u>11/26/2019</u> то:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	86.33
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	86.33

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
FRIENDS OF MARGIE BROWN			From:	<u>11</u>	/26/2019	То:	<u>12/31/2019</u>
				DATE			AMOUNT
Full Name of Contributor MARGARET BROWN			мо	DAY	YEAR		
Mailing Address 106 SUMAR RD				30	2019	\$	86.33
City ST MARYS	State	Zip Code (Plus 4)	T				
	PA	15857					
Description of Contribution: BUSINES	S CARDS						
Enter Grand Total of Part F on Sched Section 2.	lule II, In-Kin	d Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL
						\$	86.33

### PAGE 11

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

Name of Filing Committee or Candidat	e				Rej	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
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 Contribut		of Contribution
Enter Grand Total of Part G on Sc	hedule II, I	n-Kind	Contributi	ons De	taile	ed		PAGE TOTAL		
Summary Page, Section 3.									0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

e of Filing Committee or Candidate				Reporting Period				
		From	<u>11/26</u>	<u>5/2019</u>	То:	<u>12/31/2019</u>		
			DATE			AMOUNT		
		мо	DAY	YEAR				
ILL DR		10	9	2019	\$	2.16		
State OH	<b>Zip Code (Plus 4)</b> 45249							
		мо	DAY	YEAR				
ILL DR		11	12	2019	\$	2.66		
State OH	<b>Zip Code (Plus 4)</b> 45249				1			
		мо	DAY	YEAR				
ILL DR		12	10	2019	\$	2.66		
State OH	<b>Zip Code (Plus 4)</b> 45249		Description of Expenditure TRANSACTION FEE					
		мо	DAY	YEAR				
		8	27	2019	\$	17.15		
City CLEARFIELD State Zip Code (Plus 4)   OH 16830				Description of Expenditure CHECKBOOK				
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D								
	State OH ILL DR State OH State OH	StateZip Code (Plus 4)OH45249ILL DRStateZip Code (Plus 4)OH45249ILL DRStateZip Code (Plus 4)OH45249	MO     MILL DR   10     State   Zip Code (Plus 4)   Descrip     OH   45249   MO     MO   MO   MO     ILL DR   I1   MO     ILL DR   Zip Code (Plus 4)   Descrip     OH   45249   MO     ILL DR   I1   Descrip     OH   45249   Descrip     ILL DR   I1   Descrip     OH   45249   Descrip     ILL DR   I12   MO     ILL DR   I2   MO     ILL DR   Zip Code (Plus 4)   Descrip     OH   45249   MO     ILL DR   I12   MO     ILL DR   I2   MO     ILL DR   I   MO     ILL DR   I3   MO     ILL DR   I   MO     ILL DR   I   I     OH   15830   MO	MO DATE   ILL DR 10 9   State Zip Code (Plus 4) 45249 Description of Exp TRANSACTION FE   ILL DR 11 12   ILL DR 12 10   State Zip Code (Plus 4) 45249 Description of Exp TRANSACTION FE   ILL DR 12 10   State Zip Code (Plus 4) 45249 Description of Exp TRANSACTION FE   OH 45249 Description of Exp TRANSACTION FE   MO DAY 3   State Zip Code (Plus 4) 45249 Description of Exp TRANSACTION FE   OH 45249 Description of Exp TRANSACTION FE   OH 45249 Description of Exp TRANSACTION FE   OH A A   MO DAY   ILL DR I   OH A   A B   OH 16830	MO     DATE       MO     DAY     YEAR       ILL DR     10     9     2019       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE       ILL DR     45249     Description of Expenditure TRANSACTION FEE       ILL DR     11     12     2019       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE     2019       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE     2019       ILL DR     12     10     2019       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE       ILL DR     12     10     2019       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE       MO     DAY     YEAR       MO     DAY     YEAR       MO     DAY     YEAR       ILL DR     12     10     2019       State     Zip Code (Plus 4) 0H     Baso     27     2019       State     Zip Code (Plus 4) 0H     Description of Expe	MO     DATE       MO     DAY     YEAR       ILL DR     10     9     2019     \$       State     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE     \$       ILL DR     MO     DAY     YEAR     \$       ILL DR     III     112     2019     \$       ILL DR     Zip Code (Plus 4)     Description of Expenditure TRANSACTION FEE     \$       ILL DR     III     112     2019     \$       Gtate     Zip Code (Plus 4) 45249     Description of Expenditure TRANSACTION FEE     \$       ILL DR     III     12     10     2019     \$       ILL DR     III     Description of Expenditure TRANSACTION FEE     \$     \$       ILL DR     III     III     2019     \$       Gtate     Zip Code (Plus 4) 0H     Description of Expenditure TRANSACTION FEE     \$       III DR     IIII     IIII     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		

### 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			Reportir	ng Period					
FRIENDS OF MARGIE BROWN			From:	<u>11</u>	/26/2019	То:		<u>12/31/2019</u>	<u>)</u>
					DATE			Outstandir Balance of	
Name of Creditor MARGARET BROWN				мо	DAY	YEAR			
Mailing Address 106 SUMAR RD				8 27 2019 <b>\$</b>					500.00
City ST MARYS	<b>State</b> PA	<b>Zip Code (Pl</b> 15857	us 4)		<b>otion of Del</b> IGN LOAN	bt			
					DATE			Outstandir Balance of	
Name of Creditor MARGARET BROWN				мо	DAY	YEAR			
Mailing Address 106 SUMAR RD				10	22	2019	<b>\$</b>	i	400.00
City ST MARYS	<b>State</b> PA	<b>Zip Code (Pl</b> 15857	us 4)	Description of Debt CAMPAIGN LOAN			I		
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	PAGE T	<b>OTAL</b> 900.00