

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 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.	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	189	STH	REP	45
						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						\$		58,068.11				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		357.18				
C. Total Funds Available (Sum Of Lines A and B)						\$		58,425.29				
D. Total Expenditures (From Schedule III)						\$		4,084.03				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		54,341.26				
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 STATE REP	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)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 350.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 7.18

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.)	\$ 357.18
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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 ROSEMARY BROWN STATE REP	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</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 INDEPENDENCE BLUE CROSS PAC.			MO	DAY	YEAR	\$ 250.00
Mailing Address 1901 MARKET ST			11	6	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 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	Reporting Period
ROSEMARY BROWN STATE REP	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	100.00
DR. ANDREW BITTEN & DR. DONALD BITTEN									
Mailing Address					11	6	2019		
23 N. COURTLAND ST.									
City			State		Zip Code (Plus 4)				
E. STBG			PA		18301				

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

PAGE TOTAL
\$ 100.00

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	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 STATE REP	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE		AMOUNT	
Full Name ESSA BANK & TRUST				MO	DAY	YEAR	\$ 2.47
Mailing Address 200 PALMER ST.				10	31	2019	
City STBH	State PA	Zip Code (Plus 4) 18360					
Receipt Description INTEREST							
Full Name ESSA BANK				MO	DAY	YEAR	\$ 2.27
Mailing Address 200 PALMER ST.				11	30	2019	
City STBH	State PA	Zip Code (Plus 4) 18360					
Receipt Description							
Full Name ESSA BANK				MO	DAY	YEAR	\$ 2.44
Mailing Address 200 PALMER ST				12	31	2019	
City STBG	State PA	Zip Code (Plus 4) 18360					
Receipt Description							

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

PAGE TOTAL	
\$	7.18

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 STATE REP		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)		\$	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:
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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.						PAGE TOTAL \$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
ROSEMARY BROWN STATE REP	From <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FIRST NATIONAL BANK OF OMAHA				
Mailing Address				
PO BOX 2818	10	28	2019	\$ 1,585.93
City	State	Zip Code (Plus 4)	Description of Expenditure	
OMAHA	NE	68103	BLUE RIDGE WINERY FUNDRAISER, STAPLES, EIG CONSTANT CONTACT.COM	
To Whom Paid	MO	DAY	YEAR	
POCANO FOUNDATION HOSPICE				
Mailing Address				
EAST BROWN ST	10	25	2019	\$ 60.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
EAST STROUDSBURG	PA			
To Whom Paid	MO	DAY	YEAR	
SALVATIO ARMY				
Mailing Address				
WASHINGTON AVE	10	25	2019	\$ 125.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
EAST STBG	PA	18361		
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF DAVID CHRISTINE				
Mailing Address				
	10	25	2019	\$ 100.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
STROUDSBURG	PA	18360		
To Whom Paid	MO	DAY	YEAR	
FIRST NATIONAL BANK OF OMAHA				
Mailing Address				
PO BOX 2818	12	29	2019	\$ 281.82
City	State	Zip Code (Plus 4)	Description of Expenditure	
OMAHA	NE	68103	EIG CONSTANT CONTACT. BROWNLEAF FUNDRAISER	

To Whom Paid POCONO PRAYER BREAKFAST			MO	DAY	YEAR	\$ 250.00
Mailing Address BOX 4822			11	24	2019	
City SAYLORSBURG	State PA	Zip Code (Plus 4)	Description of Expenditure EVENT			
To Whom Paid SHERMAN THEATER			MO	DAY	YEAR	\$ 300.00
Mailing Address 524 MAIN ST.			11	24	2019	
City STBG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure AD			
To Whom Paid DISABLED AMERICAN VETERANS			MO	DAY	YEAR	\$ 100.00
Mailing Address 213 SOPHIE LANE			11	25	2019	
City LONG POND	State PA	Zip Code (Plus 4)	Description of Expenditure			
To Whom Paid UNITED WAY POC. MT			MO	DAY	YEAR	\$ 100.00
Mailing Address 301 MCCONNELL ST			11	25	2019	
City STROUDSBURG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure DONATION			
To Whom Paid ES NHS BASKETBALL			MO	DAY	YEAR	\$ 135.00
Mailing Address DINGMANS FERRY			12	7	2019	
City	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION			
To Whom Paid AWSOM			MO	DAY	YEAR	\$ 65.00
Mailing Address			11	15	2019	
City STROUDSBURG	State PA	Zip Code (Plus 4) 18360	Description of Expenditure DINNER EVENT			

To Whom Paid POCONO CINAMAX & CULTURE CENTER			MO	DAY	YEAR	\$ 50.00
Mailing Address WASHINGTON ST						
City EAST STBG	State PA	Zip Code (Plus 4)	Description of Expenditure			

To Whom Paid WOMEN'S MEMORIAL VETERANS			MO	DAY	YEAR	\$ 65.00
Mailing Address			12	13	2019	
City MT POCONO	State PA	Zip Code (Plus 4)	Description of Expenditure EVENT			

To Whom Paid FIRST NATIONAL BANK			MO	DAY	YEAR	\$ 866.28
Mailing Address PO BOX 2818			12	3	2019	
City OMAHA	State NE	Zip Code (Plus 4) 68103	Description of Expenditure			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,084.03

