

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 : 2020C0601		Report Filed By :		CANDIDATE	✓	COMMITTEE	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: BROWN JAMES MARK							
Street Address:							
City:				State:		Zip Code: 15824	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER	DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
SENATOR IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	Party Code
				11	3	2020	REP
				(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	10	2020	TO		
		5	18	2020			
A. Amount Brought Forward From Last Report				\$ 0.00			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 2,700.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 2,700.00			
D. Total Expenditures (From Schedule III)				\$ 2,700.00			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 0.00			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$ (1,680.00)			

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
BROWN JAMES MARK	From: <u>3/10/2020</u> To: <u>5/18/2020</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)	\$ 0.00
All Other Contributions (Part B)	\$ 1,020.00
TOTAL for the Reporting Period (2)	\$ 1,020.00

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)	\$ 1,680.00
TOTAL for the Reporting Period (3)	\$ 1,680.00

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.)	\$ 2,700.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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 BROWN JAMES MARK	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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DATE	AMOUNT
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Full Name of Contributor JOHN SHAFFER			MO	DAY	YEAR	\$ 100.00
Mailing Address 1224 SYCAMORE ST.			5	11	2020	
City FREMONT	State OH	Zip Code (Plus 4) 43420				

Full Name of Contributor BROCKWAY CHESS LEAGUE			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 155			4	15	2020	
City BROCKWAY	State PA	Zip Code (Plus 4) 15824				

Full Name of Contributor BRENDA LYONS				MO	DAY	YEAR	\$ 70.00
Mailing Address PO BOX 155				4	10	2020	
City BROCKWAY	State PA	Zip Code (Plus 4) 15824					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
DAN LINES						
Mailing Address 6274 RT 219						
City	BROCKWAY	State	Zip Code (Plus 4)	4	10	2020
		PA	15823			

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
TRICOUNTY CHESS LEAGUE							
Mailing Address				4	10	2020	
PO BOX 155							
City	State	Zip Code (Plus 4)					
BROCKWAY	PA	15824					

Full Name of Contributor			MO	DAY	YEAR	\$50.00
CHARLIE LEACH						
Mailing Address			4	10	2020	
102 S 10TH ST.						
City	REYNOLDSVILLE	State				
	PA	Zip Code (Plus 4)				
		15851				

Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
GERALD TRIPONY						
Mailing Address			3	31	2020	
960 REYNOLDSVILLE RD						
City	REYNOLDSVILLE	State				
		PA				
		Zip Code (Plus 4)				
		15851				

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

PAGE TOTAL
\$ 1,020.00

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 BROWN JAMES MARK	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JIM BROWN							
Mailing Address 6963 WESTVILLE RD.				5	12	2020	\$ 1,680.00
City BROCKWAY	State PA	Zip Code (Plus 4) 15824					
Employer Name BEHAVIOR ADVANCEMENTS DUBOIS DINER				Occupation EDUCATOR			
Employer Mailing Address/Principal Place of Business 150 W. DUBOIS AVE			City DUBOIS		State PA	Zip Code (Plus 4) 15801	

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

PAGE TOTAL
\$ 1,680.00

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				
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	
BROWN JAMES MARK		From: <u>3/10/2020</u> To: <u>5/18/2020</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)	\$ 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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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 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 BROWN JAMES MARK				Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor JIM BROWN				MO	DAY	YEAR	
Mailing Address 6963 WESTVILLE RD				5	12	2020	\$ 1,680.00
City BROCKWAY	State PA		Zip Code (Plus 4) 15824		Description of Debt FOR YARD SIGNS		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 1,680.00