

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 FOR 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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	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	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				10	20	2020	TO	MO	DAY	YEAR		
								11	23	2020		
A. Amount Brought Forward From Last Report						\$ 40,797.36						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,902.13						
C. Total Funds Available (Sum Of Lines A and B)						\$ 42,699.49						
D. Total Expenditures (From Schedule III)						\$ 6,666.70						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 36,032.59						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 53,091.65						
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

Signature

Printed Name

My Commission Expires

Email

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 FOR STATE REP.	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

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

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

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 900.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 1,400.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2.13

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.)	\$ 1,902.13
---	-------------

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 FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</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 U G I UTILITIES INCLUGI ENERGY				MO	DAY	YEAR	\$ 200.00
Mailing Address PO BOX 12677				11	13	2020	
City READING	State PA	Zip Code (Plus 4) 196122677					

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

PAGE TOTAL
\$ 200.00

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 FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
---	--

				DATE			AMOUNT	
Full Name of Contributor ANDREW FORTE					MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 153					10	21	2020	
City	STROUDSBURG	State	PA					

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

PAGE TOTAL
\$ 250.00

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 FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
---	--

				DATE		AMOUNT	
Full Name of Contributing Committee NORFOLK SOUTHERN CORP. GOOD GOV. FUND				MO	DAY	YEAR	\$ 500.00
Mailing Address 1 CONSTITUTION AVE.				10	28	2020	
City WASHINGTON	State DC	Zip Code (Plus 4) 20002					
Full Name of Contributing Committee CHAMBERPAC				MO	DAY	YEAR	\$ 400.00
Mailing Address 417 WALNUT ST.				10	31	2020	
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
\$ 900.00

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 ROSEMARY BROWN FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
---	--

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
KATIE LOUISE IONESCU							
Mailing Address 159 MADISON AVE				10	27	2020	\$ 500.00
City NEW YORK	State NY	Zip Code (Plus 4) 10016					
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
\$ 500.00

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 FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
---	--

				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 2.13
ESSA				10	30	2020	
Mailing Address							
200 PALMER ST							
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	
\$	2.13

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 FOR STATE REP.		From: <u>10/20/2020</u> To: <u>11/23/2020</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)		\$	53,091.65
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.)		\$	53,091.65

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 ROSEMARY BROWN FOR STATE REP.	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
---	--

				DATE		AMOUNT	
Full Name of Contributor PA G O P				MO	DAY	YEAR	\$ 35,445.52
Mailing Address 112 STATE ST				10	23	2020	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution CAMPAIGN LITERATURE & POSTAGE	

Full Name of Contributor				MO	DAY	YEAR	\$ 8,542.10
PA G O P							
Mailing Address 112 STATE ST				11	1	2020	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
						CAMPAIGN LITERATURE & POSTAGE	

Full Name of Contributor				MO	DAY	YEAR	\$ 442.59
H R C C							
Mailing Address				11	18	2020	
500 N 3RD ST PO BOX 11787							
City	HARRISBURG	State	Zip Code(Plus 4)				
		PA	17108				
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
						TEXTING	

Full Name of Contributor BARTH RUBIN				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 5767 WILD FLOWER CIR.				11	21	2020	
City STROUDSBURG	State PA	Zip Code(Plus 4) 18360					
Employer of Contributor				Occupation SELF			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution BILLBOARD	

Full Name of Contributor ERTLE - TURTLE WALK				MO	DAY	YEAR	\$ 3,999.90
Mailing Address 181 SILVER SPRING BLVD							
City KUNKLETOWN	State PA	Zip Code(Plus 4) 18055					
Employer of Contributor				Occupation SELF			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution BILLBOARD - 2 MONTHS RT 80	

Full Name of Contributor KEN SHUCHMAN				MO	DAY	YEAR	\$ 900.00
Mailing Address 2121 GLENBROOK DR.				11	21	2020	
City STROUDSBURG	State PA	Zip Code(Plus 4) 18360					
Employer of Contributor				Occupation SELF			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution BILLBOARD	

Full Name of Contributor CHARLES KANNEBECKER				MO	DAY	YEAR	\$ 1,261.54
Mailing Address 138 KINSALE LANE DINGMANS FERRY PA				11	21	2020	
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation LAWYER			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution 2 WEEKS AD - PIKE DISPATCH	

**Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed
Summary Page, Section 3.**

PAGE TOTAL

53,091.65

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
ROSEMARY BROWN FOR STATE REP.	From <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE	AMOUNT		
To Whom Paid FIRST NATIONAL BANK OF OMAHA				MO	DAY	YEAR	\$ 2,763.90
Mailing Address PO BOX 2818				10	22	2020	
City OMAHA	State NE	Zip Code (Plus 4) 68103	Description of Expenditure CAPITAL PROMOTIONS EIG CONSTANT CENTRAL UPS RUMBLE UP				
To Whom Paid SEVEN MTNS MEDIA				MO	DAY	YEAR	\$ 2,200.00
Mailing Address 107 PAXINOS ROAD WEST				10	22	2020	
City EASTERN	State PA	Zip Code (Plus 4) 18040	Description of Expenditure RADIO AD				
To Whom Paid NEVERSINK				MO	DAY	YEAR	\$ 1,603.00
Mailing Address 15 NEVERSINK DRIVE				10	22	2020	
City PORT JERVIS	State NY	Zip Code (Plus 4) 12771	Description of Expenditure RADIO AD				
To Whom Paid VALOR				MO	DAY	YEAR	\$ 100.00
Mailing Address JONAS				10	27	2020	
City JONAS	State PA	Zip Code (Plus 4)	Description of Expenditure VALOR BALL EVENT				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 6,666.90

