

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. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. X | 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 | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 11 | 24 | 2020 | | 12 | 31 | 2020 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 36,032.59 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 998.06 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 37,030.65 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 4,182.38 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 32,848.27 | | | | | | |
| 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 FOR STATE REP | From: <u>11/24/2020</u> To: <u>12/31/2020</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) | \$ 100.00 |
| TOTAL for the Reporting Period (2) | \$ 100.00 |

| | |
|---|-----------|
| 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) | \$ 500.00 |
| TOTAL for the Reporting Period (3) | \$ 500.00 |

| | |
|--|-----------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 398.06 |

| | |
|---|-----------|
| 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.) | \$ 998.06 |
|---|-----------|

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 FOR STATE REP | From: <u>11/24/2020</u> To: <u>12/31/2020</u> |

| | | | | DATE | | | AMOUNT | | |
|--------------------------|--|-------|--|-------------------|----|-----|--------|----|--------|
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ | 100.00 |
| MARY ANNE HEETER | | | | | | | | | |
| Mailing Address | | | | | 11 | 25 | 2020 | | |
| City | | State | | Zip Code (Plus 4) | | | | | |
| STROUDSBURG | | PA | | 18360 | | | | | |

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 ROSEMARY BROWN FOR STATE REP | Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|---|--------------------|---------------------------------------|-------------|-------------------|--------------------------|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| KATIE LOUISE IONESCU | | | | | | | |
| Mailing Address 159 MADISON AVE APT 3A | | | | 11 | 25 | 2020 | \$ 500.00 |
| City NEW YORK | State NY | Zip Code (Plus 4) 100165434 | | | | | |
| 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>11/24/2020</u> To: <u>12/31/2020</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|---|-------------|-------|----|------|-----|--------|-----------|
| Full Name MCRWC C/O JANET SMITH | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address | | | | | | | |
| City | STROUDSBURG | State | PA | | | | |
| Receipt Description CHECK 2143 VOIDED - RETURNED | | | | | | | |
| Full Name ESSA | | | | MO | DAY | YEAR | \$ 1.54 |
| Mailing Address 200 PALMER ST | | | | 11 | 30 | 2020 | |
| City | STBG | State | PA | | | | |
| Receipt Description | | | | | | | |
| Full Name ESSA | | | | MO | DAY | YEAR | \$ 1.52 |
| Mailing Address 200 PALMER ST | | | | 12 | 31 | 2020 | |
| City | STB | State | PA | | | | |
| Receipt Description | | | | | | | |
| Full Name SAW CREEK MEN'S CLUB | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address SAW CREEK - 2104 CHARGOW DRIVE | | | | 6 | 13 | 2019 | |
| City | BUSHKILL | State | PA | | | | |
| Receipt Description NOT CASHED | | | | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name PIKE COUNTY REPUBLICAN WOMEN | | | MO | DAY | YEAR | \$ 45.00 |
| Mailing Address 165 WOONTOWN RD. | | | 4 | 7 | 2019 | |
| City SCIOTA | State PA | Zip Code (Plus 4) 18458 | | | | |
| Receipt Description NOT CASHED | | | | | | |

| | | | | | | |
|---------------------------------------|--------------------|--------------------------|-----------|------------|-------------|-----------|
| Full Name POCONO MT. EMS. | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 8 | 22 | 2019 | |
| City POCONO MT | State PA | Zip Code (Plus 4) | | | | |
| Receipt Description NOT CASHED | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 398.06 |

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>11/24/2020</u> To: <u>12/31/2020</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 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: |
|---------------------------------------|--|

| | | | 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 III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| ROSEMARY BROWN FOR STATE REP | From <u>11/24/2020</u> To: <u>12/31/2020</u> |

| DATE | | | | AMOUNT |
|--|--------------|--------------------------|---|-------------------|
| To Whom Paid | MO | DAY | YEAR | |
| CREATIVE INSIGHT / OUR TOWN | | | | |
| Mailing Address | | | | |
| PO BOX 647 | 11 | 24 | 2020 | \$ 270.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| NEW FOUNDLAND | PA | 18445 | ADS | |
| To Whom Paid | MO | DAY | YEAR | |
| FIRST NATIONAL BANK OF OMAHA | | | | |
| Mailing Address | | | | |
| PO BOX 2818 | 12 | 7 | 2020 | \$ 2,074.63 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| OMAHA | NE | 681032818 | RUMBLEUP USPS EIG CONSTANT CONTACT.COM | |
| To Whom Paid | MO | DAY | YEAR | |
| FIRST NATIONAL BANK OF OMAHA | | | | |
| Mailing Address | | | | |
| PO BOX 2818 | 12 | 30 | 2020 | \$ 1,785.75 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| OMAHA | NE | 681032818 | EIG CONSTANT CONTACT CAMPAIGN THANK YOU | |
| To Whom Paid | MO | DAY | YEAR | |
| CREATIVE INSIGHT / OUR TOWN | | | | |
| Mailing Address | | | | |
| PO BOX 647 | 12 | 31 | 2020 | \$ 52.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| NEW FOUNDLAND | PA | 18445 | AD | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL |
| | | | | \$ 4,182.38 |

