Reset Form Print Form



## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

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Filer identificatio Number			Repor (Mari	t Filed ( (X)	sy G	indldi	ite	X	Commit	tee	50.79		Lobb	yist
Name of Filing Co Lobbyist	ommittee, Ca	ndidate or	Brian B	rown	·			. •						
Street Address			10138	Calkins R	d								***	<u> </u>
City	North Eas	t	<u> </u>		St	ate	PA	<del></del>	Zip Code	1642	28		<del></del>	
Type of Report (P	lace x under i	eport type)			Patrac			<u></u>						
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup> Friday				5- 2 <sup>nd</sup> Fi	iday	a analysis and with	ay Post	7- Annua	(8) 90 PM (3) AND (3) CM (4)	cial 2 <sup>na</sup>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		al 30 Day
Pre-Primary I	Pre-Primary	Primary	Pre- Eli	ection	Pre- Ele	ction	Electio	n		Pre-	Election	n	Post-	Election
	$\boxtimes$					]								
Date Of Election (MM/DD/XYYY)		5/18/21	Year		202:	1	Amend Report	10 m		Terr Rep	minatio ort	n.		
Summary of Rece	lpts and	From Date		To Date	<b>e</b>	Art / St		e cary so		or Office	Use Or	nlý	e gypte fû	
Expenditures		3/29/21			5/3/21									
A. Amount Broug	ht Forward F	rom Last Report	\$		0					H				
B. Total Monetar (From Schedule I)		ns and Receipts	\$		0							mm Ex		
C. Total Funds Av (Sum of Lines A a	THE RESERVE OF THE PARTY OF THE		\$		0								1	
D. Total Expendit (From Schedule II	1)	a a company (C. 19)	\$		\$871.77							0C	T.	
E. Ending Cash Ba (Subtract Line D f		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$		0								رب رب	Í
F. Value of In-Kin (From Schedule II	d Contributio	ns Received	\$		0							الاسترياط المتاريخ المساكني	Ċ.	
G. Unpaid Debts : (From Schedule IV	The state of the s	ns e e	\$		0									
			15.1			avit Se								
Part 1- If this is a Co									ge and beli	ef true, 90	rrect and	d complet	te.	
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day of	$M\Omega U_{\perp}$	20 21	_	N di	ty scember 20, er 1212284 ciation of Not	4				<u>مــ</u>				
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Si	gnature	0.5.00	$\sim$ 1	of Pennsylv Salas, Not	ion expires De lission number		_		Printed N	lame -			*	
My Commission exp		20 du		Pen Salas	expires D fon numb	Δ	514	_			-///			
	MO.	DAY YR.		yL.S.	ion e lissir nsylv		Area Code			Daytime T	Teléphon	ie Numbe	er .	
Part II- If this is a rep				e cănd								2 4027/	D L 433	2 110 220)
i swear (or affirm) the amended.	iat to tile best	oi iny knowleage a	ina pelle :	1 =	രിക	mittee	rias riot vic	nateo any	A brosizious	or the ACT	. or June	o, 135/ (	r.L. 133	a, NO.320) 8\$
Sworn to and subscr	ibed before mo	e this	•	CO	My o									
day of		20	_	1									<del></del>	
			_	].		_		Sigr	ature of Ca	ndidate				
SI	gnature		_	, 1					Printed Nar	ne				
My Commission exp	•	***	_			_			<del></del>		.1	. N. 1 * ·	<del></del>	
	MO.	DAY YR.				A	rea Code		D	aytime Te	eepnone	: Number	•	
L														

## SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	Mary Control		
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	Marie (1) Trail (1)		
Contributions Received from Political Committees (Part A)	<u> </u>	\$	
All Other Contributions (Part B)	i	\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	V 34 %	90/39 (9/89 V)	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	Section 1		
Total for the reporting period	(4)	\$	
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 Page 1, R. Cover Page, Item B)	d	\$	

#### **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.

THE NUMBER	n Numper				
				. Ar	nount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co	ntributing -	Control Control	Professional Control Control of The Control	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
		1			
City	the state of the state of the	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	**************************************	State	Zip Code	Date [MM/DD/YYYY] \$	<del></del>
Full Name of Co Committee	ntributing	,		Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>			<del></del>
#	Siret Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Park India (Park Statute)	
		State	zip code	Date [MM/DD/YYYY] \$	
Full Name of Cor	erila dina				
Committee	III I I I I I I I I I I I I I I I I I			Date [MM/DD/YYYY] \$	
House #					
nouse#	Street Address			Date [MM/DD/YYYY] \$	
	De Miller de La Company	I remarks and a		N. S.	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	un a de considerad	de in the second second	Date [MM/DD/YYYY] \$	
	[2]				
House #	Street Address			Date [MM/DD/YYYY] \$	
	er en franchische St.				
City		State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification Number:

					······································
Full Name of Contrib	utor			Date MM/DD/AWW	\$ <del> </del>
House #	Street Address	·	<del></del>		
House #	Street Augress			Date (MM/DD/YYYY)	
City		State	Zip Code	Date [MM/DD/YYYY]	
				Million A Company of the State (200 Person a new year on the section of the secti	
Full Name of Contrib	utor.		·	Date [MM/DD/\\\\]	
House #	Street Address			Date [MM/OD/YYYY]	
City		State	Zip Code	Date [MM/DD/XYXY]	\$
Full Name of Contrib	**************************************			EDEKERMIM/DDYAYAYA	
TUIL MAINE OF CORDING	ACS			Date: (MN), DD/A115.1	
House #	Street Address			Date MM/DD/YYYY	
विदर	Printers and in the printers of a second	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib	utor			Date (MM/DD/MM)	<b>(\$</b>
House #	Street Address		l	Date [MM/DD/YYYY]	\$
City	Service Company	State	Zip Code	Date [MM/DD/YYYY]	
				New York Committee of the Committee of t	
Full Name of Contribu	itor			Date (MM/DD/YYY)	
			!		
House #	Street Address	<del>-1</del>		Date [MM/DD/YYYY]	<b>S</b>
			<u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of Contribu	utor	A PROPERTY AND A PROP	\$51867\$	Date (MM/DD/Y/Y/)	
			•		1
House #	Street Address		<del></del>	Date [MM/DD/YYYY]	\$
	3 3				
City		State	Zip Code	Date [MM/DD/YYYY]	
	•		distributed and the second of	[	

#### 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 over \$250.00 in the reporting period.

Filer identification Number:				
Full Name of Contributing Committee			Date (MM/DD/AYYY) \$	
House # Stree	et Address		Date (MM/DD/AVV) \$	<u> </u>
Gity 2	State	Zip Code	Date [MM/DD/YYYY] \$	<del>-</del>
		-W-rate	Jake (Jilli) Joseph Anna J	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] S	<u> </u>
Giý	State	Zip Code	Date (MM/DD/YYYY) S	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
	et Address		Date [MM/DD/YYYY] \$	
Retry	State	Zip Code	Date [MM/DD/YYYY] \$	
Füll Name of Contributing Committee			Date [MM//DD/3Y344] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	·
City	State	Zip Code	Date [MM/DD/WWY] \$	
Full Name of Contributing Committee	TOTAL STATE OF	Landa Rocator and Least Artist A	Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date [MM/Db/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

# PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identificat	ion Number;				
		-			
Full Name of	Contributor	, , , ,		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Nar	ne ling Address /	1	1990 4 200 1990 4 200 1990 1990 1990 1990 1990 1990 1990	Occupation	
Principal Place					
Full Name of (	Contributor .			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	Tooley Serving Tool Continues of Serving	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nan				Occupation	
Employer Mai Principal Place					
Full Name of (	The state of the s			Date [MM/DD/YYYY] \$	
House#	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nan				Occupation	
Employer Mai Principal Place	ing Address / of Business	<del>"</del>			
Full Name of C	Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/XYY] S	
House#	Street Address		<del></del>	Date [MM/DD/YYYY] \$	
City		State	/Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam				Occupation	
Employer Mail	ing Address /		to the term of the	Local Control	

#### **PART E**

## **Other Receipts**

#### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Num	ber:			
Füll Name				
House #	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			**************************************	1996
Full Name				7
House #	Stre	et Address	(1)	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Proceeding and	[6 3 25 6 7 9 9 9 9 ]	(Foreign)
Full Name				
House#	Stre	et Address	TO THE PARTY WAS TOO	
City		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description				
Full Name		193 (164) (274)		
	Stre	er. Address		Date [MM/DD/YYYY] \$
City		State	Zip Code	Sate (MM/SD/////1)
Receipt Description		,		
Full Name				
House #	Stre	et Address State		Date [MM/DD/YYYY] \$
City		State	Zip Code	2000 (MIN/20/213 (1) - 22
Receipt Description				

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
	RIBUIIUNS RECEIVED-VAI	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2: IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	District Transport Market Programme Commencer (1997)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	LEIVED-VALUE OVER \$250	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	1 ' 1	,

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification N	lumbër:				
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address	·		Date (MM/DD/YYYY) \$	
				79.7.5 (19.7.5)	
City		State	Zip Code	Date [MM/DD/YYY] \$	
Description of Cor	ntribution		To the second se		
Full Name of Cont	ributor	**/>**		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
1:					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	itribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY] 5	
	10 57				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	stribution				
Full Name of Cont	ributor			Date (MM/DD/YYYY) 5	
House #	Street Address			Date [MM/DD/YYYY] \$	
eity		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	tribution				
Full Name of Cont	ributor	#XI		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		(20 M 201 M 2010)			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	ntribution				

### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:

Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address Place of Business	/ Principal		Description  of  Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	t Address		Date (MM/DD/YYYY) \$
City	State	Zip Code	Date [MM/DD/\YYY] \$
Employer Name	7		Occupation
Employer Mailing Address , Place of Business	(Principal		Description of Contribution
Full Name of Contributor			Date [MM//DD/XYXY] \$
House # Stree	t Address		Date [MM/DD/YYYY] S
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	(Přincipal)		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
	t Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	Principal		Description of Contribution

# Statement of Expenditures

· · · · · · · · · · · · · · · · · · ·	<b>▼</b>	
Filer Identification Number:		

To Whom Paid Signs On the Cheap ( C	Online Company - signsont	hecheao.com)	Date [MM/DD/YYYY] \$	515.53
House #			3/29/21 Description of Expenditure	
11525a Sto	nehollow Dr			
<b>Gity</b> Austin	State TX	Zip Code 78758	Yard Signs	
To Whom Paid Vista Print ( Online Con	mpany - vistaprint.com)		Date [MM/DD/YYYY] \$ 5/2/21	104.24
	/den Ave		Description of Expenditure	
City Lexington	State MA	Zip Code 02421	Postcards	
To Whom Paid United States Post Office	ce		Date [MM/DD/YYYY] \$- 5/3/21	252.00
House # 38 Street Address S. La	ake St		Description of Expenditure	e e
City North East	State PA	2ip Code 16428	Stamps	
To Whom Paid			Date (MM/DD/YYYY) \$	
House # Street Address			Description of Expenditure	
Clty	State	Zip. Code		
To Whom Pald			Date [MM/DD/YYYY] \$	
House# Street Address			Description of Expenditure	
Chý .	State	Zip Code		
To Whom Peld			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City.	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		

#### 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 Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City (1980)	S	tte Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City	Ste	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Description of Debt		Code	
Name of Creditor House #		DATE DEBT INCURRED	Outstanding Balance of Debt
	Street Address	[MM/OD/YYYY]	
City	Sta	3.c z #146.250 1 1/0/#269.2500.001.90290900.4	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Law Plans	Sta	te Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	(\$
City	Sta	te Zip	
Description of Debt		Code	
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt \$\\\$
	-14444444444	[MM/DD/YYYY]	
City	Sta		S. C.
Description of Debt		Code	
	2007 2007		<u> </u>