		e		

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat	ion	(Note: I)		ort Filed E		Candida	_	it shot		nittee	·			Lobb	vist
Number			4.00	rk X)		-anuida	•						X	LUDU	
Name of Filing (Lobbyist	Committee, Ca	ndidate or		ittee to Ele	ect Mar	va Brown	for M.D.J.			······································			<u> </u>		
Street Address			P.O. B	ox 61513									· ·		
City	Harrisburg	<u> </u>				State	PA		Zip C	ode	17106	-1513	3		
Type of Report ((Place x under i	eport type)													
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection		Friday Election	6- 30 Da Election	· 7, · · · · · · · · · · · · · · · · · ·	7- Ап	nual	Speci Pre-E		^{ld} Friday		ial 30 Day Election
	rie-riillary	rimary		Tection							Г				
Date Of Election (MM/DD/YYYY)		11/03/2015	Year		2	015	Amendr Report	nent			Term Repo		ion		
Summary of Re	ceipts and	From Date		To Date	1 2					For	Office I	Use (Only		
Expenditures		2/1/15	100,000	100 000 000 0000	5/4/15										
A. Amount Bro	ught Forward F		\$		0		ea ceasceange	enggjert eiterik			<u>na nana jiangal</u>			<u>میں</u> دے	an and the gladest little
B. Total Moneto (From Schedule	el)	ns and Receipts		-	1,219.49)								2815 MAY	~-{ ~-1
C. Total Funds / (Sum of Lines A			ç	·	1,219.49	9						7,11 (11)	912 	- Y	葛
D. Total Expend (From Schedule			Ç	5	1,231.9	5							語黑		
E. Ending Cash (Subtract Line D			ç	S	12.46								3355 3597 16356	∑ ∃	Ö
F. Value of In-K (From Schedule	ind Contributio	ons Received	\$	8	98									<u>년</u>	
G. Unpaid Debt (From Schedule	s and Obligation	ons	ç	8	114.49								~~		
o mark	O		16.	ulaia ia a Ga		fidavit Se									
ਜ਼ੌਲੇਲ ਊhis is a d ਨੂੰ ਵਿੱਚੀ Br affirm) that this report.	including the atta							dge and	belief t	rue, cor	rect a	nd comple	ete.	
Swand sub	scribed before m	e this				,	0//				1/				
day of	MAY	<u> </u>	_	.		_(//M Si	ignature	of Perso	on Subr	OLL nitting re	eport			
Tanash Tanash Tanash	Signature	Uark	_	广		Ol	ivia Crawle	у <u> </u>	Print	ed Nan	ne				
CON OF Har R. V. COMMISSION OF HAR	avniras 🕥	23 20	218	. '		71	.7				-3181				
MBER, B	MO.	DAY YR.				-	Area Code			Da	ytime Te	eleph	one Numb	er	
–P ar t ∥ औ this is a	report of a Candi	date's Authorized	Comm	ittee, cand	lidate si	nall sign h	ere.			•					
I swear (or affirm amended.								lated an	y provis	ions of	the Act	of Jur	ne 3, 1937	(P.L. 13	33, NO.320) as
										Λ					
Sworn to and sub	scribed before m	e this				1	11/1	1	J/	//	,		er and the second to		
day of	MAY	20 15	-	1			<i> </i>	Uy/ic	nature /	f Cand	idate				
1	M	Mark				<u>M</u>	arva Brown	-						···	
·	Signature	33 ADI	6	, 1		71	L7		Printed	1 Name 260-9					
My Commission e	expires MO.	DAY YR.	<u>v</u>			_	Area Code	_				lepho	ne Numbe	r	
COMMON	WEALTH OF	PENNSYLVAN	IA.												

NOTARIAL SEAL
Kimberly M. Monk, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires July 23, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ o
All Other Contributions (Part B)		\$ 1,105
Total for the reporting period	(2)	\$ 1,105
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	30,03320,0340	\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ o o

114.49

1,219.49

\$

Total for the reporting period

Total Monetary Contributions and Receipts during this reporting period (Add and

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

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.

riiei identiikation iddi					
					Amount
Full Name of Contrib	outing			Date [MM/DD/YYYY]	\$
Committee	Marva Brow	'n		2-13-15	50
House #	Street Address			Date [MM/DD/YYYY]	\$
1013	Sou	ıth 18th Street			
City		State PA	Zip Code 17104	Date [MM/DD/YYYY]	\$
Full Name of Contrib	buting		January Company of the Company of th	Date [MM/DD/YYYY]	\$
Committee	Michael G. N	Musser II		3-14-15	250
House #	Street Address		·	Date [MM/DD/YYYY]	\$
813	Cha	ambers Street			
City	- Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	State	Zip Code	Date [MM/DD/YYYY]	\$ -
Bressler		PA	17113	The state of the	
Full Name of Contrib	buting	[reject-consent]	(Asserted to Same Same Same	Date [MM/DD/YYYY]	\$
Committee	Stephanie Bi	ivins		4-1-15	100
House #	Street Address			Date [MM/DD/YYYY]	\$
5819	Pine	e Street			
City	100 100 100 100 100 100 100 100 100 100	State	Zip Code	Date [MM/DD/YYYY]	\$
Phila		PA	19143	M2:-	
Full Name of Contrib	outing			Date [MM/DD/YYYY]	\$
Committee	Dorothy Pro	ctor		4-13-15	100
House #	Street Address			Date [MM/DD/YYYY]	\$
258	Ann	n Street			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Middletown		PA	17057	The statistical transfer and the state of the second	
Full Name of Contrib	buting	Transfer I		Date [MM/DD/YYYY]	\$ -
Committee	Gladys Brow	m		4-13-15	100
House#	Street Address			Date [MM/DD/YYYY]	\$
2303	Rud	dy Road		4-17-15	32
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Harrisburg		PA	17104	4-17-15	16
Full Name of Contrib				Date [MM/DD/YYYY]	\$
Committee	Angelina Smi	ith		4-17-15	50
House #	Street Address		- Physiothera et	Date [MM/DD/YYYY]	\$
512	Clin	nton Road			
City	New York Control of the Control of t	State	Zip Code	Date [MM/DD/YYYY]	\$
Harrisburg		PA	17109	The state of the s	

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 N	lumber:					
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Michele Wi	senford		4-17-15		32
House #	Street Address			Date [MM/DD/YYYY]	\$	
2209		Georgetown Road				
City Middletowr		State PA	Zip Code	Date [MM/DD/YYYY]	\$	
		PA	17057			
Full Name of Cont	45 E E			Date [MM/DD/YYYY]	Š	
	Adelina M. I	Richards		4-17-15		75
House#	Street Address	5		Date [MM/DD/YYYY]	\$	
136		Center Street				
City Carlisle		State PA	Zip Code 17013	Date [MM/DD/YYYY]	\$	
		r A	17013			
Full Name of Cont	75 6 6 6 6 F			Date [MM/DD/YYYY]	\$	
	Bertha Brov	vn		4-17-15		200
House #	Street Address			Date [MM/DD/YYYY]	\$	
1013		South 18th Street				
City	Production of the second second second	State	Zip Code	Date [MM/DD/YYYY]	\$	
Harrisburg		PA	17104			
Full Name of Cont			1 1112.1111	Date [MM/DD/YYYY]	\$	
	Freeman &	Eleanor Richard		4-28-15		50
House #	Street Addres:		****	Date [MM/DD/YYYY]	\$	
1940		Caledonia Street				
City Harrisburg		State	Zip Code	Date [MM/DD/YYYY]	\$	
		PA	17104			
Full Name of Cont				Date [MM/DD/YYYY]	\$	ro
	Mavis Nimo	ħ		5-1-15		50
House #	Street Address			Date [MM/DD/YYYY]	\$	
1016		Scenery Drive				
City Harrisburg		State PA	Zip Code 17109	Date [MM/DD/YYYY]	\$	
			17109			
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

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:			
Full Name				
7 T T T	Marva Brown		N	
1013	Street Address South 18			
City	Harrisburg	State PA	Zip	Date [MM/DD/YYYY] \$ 114.49
Receipt Description	Loan to Committe		<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	Person		
City Commence of the commence		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		. 1000000000000000000000000000000000000	patrone de la company de la co	L.,

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:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIV	/ED=VANUE DE \$50.00 (OR LESS PER CONTRIBILITOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	F\$50.01 TO \$250.00 (FF	ROM PART F)
TOTAL for the reporting period (2)	\$	98
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVE	ER \$250.00 (FROM PAR	т с)
TOTAL for the reporting period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS PERIOD (Add and enter amount totals from boxes 1, 2, a on Page 1, Report Cover Page, Item F)	- · · · · · · · · · · · · · · · · · · ·	98

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

W247-941000004-0420000000-12-000000001-12-0000	CONTROL CONTRO				
Filer Identification N	lumber:				
Full Name of Cont				Date [MM/DD/YYYY]	\$
	Carmela Crai	3		4-25-15	98
House # 3608	Street Address	#		Date [MM/DD/YYYY]	\$
		Schoolhouse Lane			
City Harrisburg		State PA	Zip Code 17109	Date [MM/DD/YYYY]	\$
Description of Cor	acilsus				
		Postage Stamp	S		
Full Name of Cont	ributor	•		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		Postarn-poprijoarnatijana			
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of Cor	. Palburilan				
Full Name of Cont	ributor		1 - 1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		No. 2006 metapos tibusos			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	itribution				
Full Name of Cont					639 * 888 *
ruii wame oi com	Houtor			Date [MM/DD/YYYY]	\$
House #			···	Date [MM/DD/YYYY]	###
/iouse #	Street Address			Date (WWW/DD/1111)	 \$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Cor	ntribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	*
House #	Street Address	···		Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	ntribution		· · · · · · · · · · · · · · · · · · ·		

Statement of Expenditures

Filer Identification Number:			
Spring Capture, and compared to a season of the compared of th	2222	 	

To Whom Paid				Date [MM/DD/YYYY]	\$
	U.S. Postmaster			2-2-15	36
House # 1425	Street Address	Crooked Hill Road		Description of Expend	iture
City		State	Zip		
Harrisburg	g	PA	Code 17110	Post Office Box	
To Whom Paid	Staples			Date [MM/DD/YYYY]	\$ 24.00
				3-28-15	81.06
House #	Street Address	Online Purchase		Description of Expendi	ture
City		State	Zip		
			Code	Campaign Material	
To Whom Pald	Staples			Date [MM/DD/YYYY]	\$ 54.83
			4,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	3-28-15	
House #	Street Address C	Online Purchase		Description of Expendi	ture
City		State	Zip	Campaign Material	
			Code		110
To Whom Paid	Staples			Date [MM/DD/YYYY]	\$ 52.46
House #				3-28-15	
House #	Street Address	Online Purchase		Description of Expendi	ture
City		State	Zip Code	Campaign Material	
To Whom Paid			17,500,000	Date [MM/DD/YYYY]	\$
	Angelina Smith			4-28-15	110.44
House # 512	Street Address	Clinton Road		Description of Expendi	ture
City Harrisburg	3	State PA	Zip Code 17109	Campaign Material	
To Whom Paid		- Constitution of the Cons	Occorded Company of the Company of t	Date [MM/DD/YYYY]	\$
	Tim Russell			4-8-15	25
House # 4307	Street Address	Beagle Road		Description of Expendi	ture
City Elizabethte		State PA	Zip Code 17022	Hanging Banners	
To Whom Paid	Staples			Date [MM/DD/YYYY]	\$ 51.94
House #				4-28-15	
4203	Street Address	Union Deposit Road		Description of Expendi	ture
City Harrisburg	1	State PA	Zip Code 17111	Office Supplies	
To Whom Paid	Capitol Promotions,	Inc.		Date [MM/DD/YYYY]	725
				5-1-15	725
House #	Street Address			Description of Expendi	ture
City Glenside		State PA	Zip Code 19038	Yard Signs	

Statement of Expenditures

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	 	 	تتحصيص المستقد	
Filer Identification Number:				
ATTACONE DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	 			

To Whom Paid				
10 Whom Palo	Press Greek.com			Date [MM/DD/YYYY] \$ 31.72
House #	Street Address O	Mfm. * .		Description of Expenditure
	0	nline 		
City		State	Zip Code	Promotional Material
To Whom Paid	Angelina Smith		0.1-0-00110.0	Date [MM/DD/YYYY] \$
			_	4-28-15 43.5
House # 512	Street Address CI	linton Road		Description of Expenditure
City Harrisburg		State PA	Zip Code 17109	Tax Reimbursement for Campaign Material
To Whom Paid	Niurka Reyes			Date [MM/DD/YYYY] \$
	indika neyes			5-1-15
House #	Street Address Or	nline		Description of Expenditure
City		State	Zip Code	Translation Fee
To Whom Paid	Angelina Smith		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$
	Angelina Smith			5-4-15 43.58
House # 512	Street Address CI	inton Road		Description of Expenditure
City Harrisburg		State PA	Zip Code 17109	Campaign Material
To Whom Paid		[att.] Manual indexant/Lond	4 control transporter amount of the second o	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
House #	Street Address	State	Zip Code	
	Street Address	State		
City To Whom Paid		State		Description of Expenditure Date [MIM/DD/YYYY] \$
City	Street Address Street Address	State		Description of Expenditure
City To Whom Paid		State		Description of Expenditure Date [MIM/DD/YYYY] \$
City To Whom Paid House #			Code	Description of Expenditure Date [MIM/DD/YYYY] \$
To Whom Paid House # City To Whom Paid	Street Address		Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
City To Whom Paid House #			Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid House # City To Whom Paid	Street Address		Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
City To Whom Paid House # City To Whom Paid City City	Street Address	State	Zip Code	Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure
City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
City To Whom Paid House # City To Whom Paid City City	Street Address	State	Zip Code	Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure
City To Whom Paid House # City To Whom Paid House # City To Whom Paid	Street Address Street Address	State	Zip Code Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
City To Whom Paid House # City To Whom Paid City To Whom Paid	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure

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.

Filer Identification Number:

Name of Creditor			
House #	Marva Brown		Outstanding Balance of Debt
1013	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	South 18th Street	2-13-15	
City	Harrisburg State	PA Zip 17104	114.49
Description of Debt	Loan to Committee		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt		coue	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City	State	Zip	
		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt \$
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
	Street Address State	[MM/DD/YYYY]	
House #		[MM/DD/YYYY]	
House # City Description of Debt		[MM/DD/YYYY]	\$
House # City Description of Debt Name of Creditor	State	[MM/DD/YYYY] Zip Code	S Outstanding Balance of Debt
House # City Description of Debt		[MM/DD/YYYY]	\$
City Description of Debt Name of Creditor House #	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	S Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	S Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	State Street Address	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	S Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	State Street Address	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	S Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	State Street Address	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED Code	Outstanding Balance of Debt \$
City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor	Street Address State	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor	Street Address State	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt S Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #	Street Address State State	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt S Outstanding Balance of Debt