

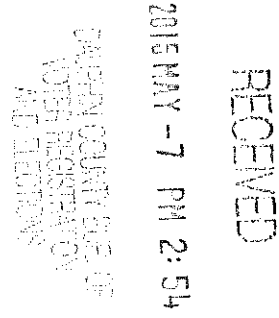
## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Marva Brown for M.D.J.					
Street Address		P.O. Box 61513					
City	Harrisburg	State	PA	Zip Code	17106-1513		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/1/15	5/4/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,219.49	
C. Total Funds Available (Sum of Lines A and B)	\$	1,219.49	
D. Total Expenditures (From Schedule III)	\$	1,231.95	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	12.46	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	98	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	114.49	

## Affidavit Section

This is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

and subscribed before me this

day of MAY 20 15

M. Mark

Signature

My Commission expires 7 23 2018

MO. DAY YR.

Olivia Crawley

Signature of Person Submitting report

Printed Name

717 903-3181

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 MAY 20 15

M. Mark

Signature

My Commission expires 7 23 2018

MO. DAY YR.

Marva Brown

Signature of Candidate

Printed Name

717 260-9999

Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

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

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1,105
Total for the reporting period	(2)	\$	1,105
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	114.49
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,219.49

## 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.

Filer Identification Number											
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										Amount	
Full Name of Contributing Committee		Marva Brown					Date [MM/DD/YYYY]	\$	50		
							2-13-15				
House #	1013	Street Address		South 18th Street			Date [MM/DD/YYYY]	\$			
City	Harrisburg			State	PA	Zip Code	17104	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee		Michael G. Musser II					Date [MM/DD/YYYY]	\$	250		
							3-14-15				
House #	813	Street Address		Chambers Street			Date [MM/DD/YYYY]	\$			
City	Bressler			State	PA	Zip Code	17113	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee		Stephanie Bivins					Date [MM/DD/YYYY]	\$	100		
							4-1-15				
House #	5819	Street Address		Pine Street			Date [MM/DD/YYYY]	\$			
City	Phila			State	PA	Zip Code	19143	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee		Dorothy Proctor					Date [MM/DD/YYYY]	\$	100		
							4-13-15				
House #	258	Street Address		Ann Street			Date [MM/DD/YYYY]	\$			
City	Middletown			State	PA	Zip Code	17057	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee		Gladys Brown					Date [MM/DD/YYYY]	\$	100		
							4-13-15				
House #	2303	Street Address		Rudy Road			Date [MM/DD/YYYY]	\$	32		
							4-17-15				
City	Harrisburg			State	PA	Zip Code	17104	Date [MM/DD/YYYY]	\$	16	
							4-17-15				
Full Name of Contributing Committee		Angelina Smith					Date [MM/DD/YYYY]	\$	50		
							4-17-15				
House #	512	Street Address		Clinton Road			Date [MM/DD/YYYY]	\$			
City	Harrisburg			State	PA	Zip Code	17109	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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					Michele Wisenford		<b>Date [MM/DD/YYYY]</b>	\$	32
							4-17-15		
<b>House #</b>	2209	<b>Street Address</b>	Georgetown Road				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Middletown	<b>State</b>	PA	<b>Zip Code</b>	17057			<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					Adelina M. Richards		<b>Date [MM/DD/YYYY]</b>	\$	75
							4-17-15		
<b>House #</b>	136	<b>Street Address</b>	Center Street				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Carlisle	<b>State</b>	PA	<b>Zip Code</b>	17013			<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					Bertha Brown		<b>Date [MM/DD/YYYY]</b>	\$	200
							4-17-15		
<b>House #</b>	1013	<b>Street Address</b>	South 18th Street				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17104			<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					Freeman & Eleanor Richard		<b>Date [MM/DD/YYYY]</b>	\$	50
							4-28-15		
<b>House #</b>	1940	<b>Street Address</b>	Caledonia Street				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17104			<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					Mavis Nimoh		<b>Date [MM/DD/YYYY]</b>	\$	50
							5-1-15		
<b>House #</b>	1016	<b>Street Address</b>	Scenery Drive				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17109			<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$

## 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 Number:	
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Full Name	Marva Brown						
House #	1013	Street Address	South 18th Street				
City	Harrisburg	State	PA	Zip Code	17104	Date [MM/DD/YYYY]	\$ 114.49
Receipt Description		Loan to Committe					
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					
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					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

**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**

**Filer Identification Number:**

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period (1) \$ 0

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period (2) \$ 98

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period (3) \$ 0

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, Report Cover Page, Item F) \$ 98

## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor

Carmela Craig

Date [MM/DD/YYYY]

4-25-15

\$

98

House #

3608

Street Address

Schoolhouse Lane

Date [MM/DD/YYYY]

\$

City

Harrisburg

State

PA

Zip Code

17109

Date [MM/DD/YYYY]

\$

Description of Contribution

Postage Stamps

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Description of Contribution

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:

<b>To Whom Paid</b>		U.S. Postmaster			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		36	
		2-2-15								
<b>House #</b>	1425	<b>Street Address</b>		Crooked Hill Road			<b>Description of Expenditure</b>			
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17110	Post Office Box				
<b>To Whom Paid</b>		Staples			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		81.06	
		3-28-15								
<b>House #</b>		<b>Street Address</b>		Online Purchase			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Campaign Material				
<b>To Whom Paid</b>		Staples			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		54.83	
		3-28-15								
<b>House #</b>		<b>Street Address</b>		Online Purchase			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Campaign Material				
<b>To Whom Paid</b>		Staples			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		52.46	
		3-28-15								
<b>House #</b>		<b>Street Address</b>		Online Purchase			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Campaign Material				
<b>To Whom Paid</b>		Angelina Smith			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		110.44	
		4-28-15								
<b>House #</b>	512	<b>Street Address</b>		Clinton Road			<b>Description of Expenditure</b>			
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17109	Campaign Material				
<b>To Whom Paid</b>		Tim Russell			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		25	
		4-8-15								
<b>House #</b>	4307	<b>Street Address</b>		Beagle Road			<b>Description of Expenditure</b>			
<b>City</b>	Elizabethtown	<b>State</b>	PA	<b>Zip Code</b>	17022	Hanging Banners				
<b>To Whom Paid</b>		Staples			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		51.94	
		4-28-15								
<b>House #</b>	4203	<b>Street Address</b>		Union Deposit Road			<b>Description of Expenditure</b>			
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17111	Office Supplies				
<b>To Whom Paid</b>		Capitol Promotions, Inc.			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		725	
		5-1-15								
<b>House #</b>		<b>Street Address</b>		P.O. Box 231			<b>Description of Expenditure</b>			
<b>City</b>	Glenside	<b>State</b>	PA	<b>Zip Code</b>	19038	Yard Signs				



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		Press Greek.com				<b>Date [MM/DD/YYYY]</b>		\$	31.72
		5-1-15							
<b>House #</b>		<b>Street Address</b>	Online			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Promotional Material			
<b>To Whom Paid</b>		Angelina Smith				<b>Date [MM/DD/YYYY]</b>		\$	43.5
		4-28-15							
<b>House #</b>	512	<b>Street Address</b>	Clinton Road			<b>Description of Expenditure</b>			
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17109	Tax Reimbursement for Campaign Material			
<b>To Whom Paid</b>		Niurka Reyes				<b>Date [MM/DD/YYYY]</b>		\$	20
		5-1-15							
<b>House #</b>		<b>Street Address</b>	Online			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Translation Fee			
<b>To Whom Paid</b>		Angelina Smith				<b>Date [MM/DD/YYYY]</b>		\$	43.58
		5-4-15							
<b>House #</b>	512	<b>Street Address</b>	Clinton Road			<b>Description of Expenditure</b>			
<b>City</b>	Harrisburg	<b>State</b>	PA	<b>Zip Code</b>	17109	Campaign Material			
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>					
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>					
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>					

**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.

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

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Description of Debt</b>									

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Description of Debt</b>									

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Description of Debt</b>									

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Description of Debt</b>									

<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$		
<b>City</b>			<b>State</b>			<b>Zip Code</b>			
<b>Description of Debt</b>									