Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 210	78				eport led B		CANI	DID	ATE	✓	СО	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		BR	OWN	E, PA	T				_						
Street Address:																		
City:	_							State:					Zip Code	e: 15	401-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY		E-	2. X	30 DA		РО	ST-	3.		AMENDME REPORT?	NT	Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO		RE-	5.	30 DA		РО	ST-	6.		TERMINATION REPORT?		Yes	N	0	/
report type)	ANNUAL REPORT	Г 7.	Year 20	02				IG MET					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candida	ate:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Cod	Code	
								МО	C	DAY	YEA	R	131	STH	REF)	39	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					1	.1		5 2	2002		(SEE IN	STRUCTI	ONS FOR	CODES	6)
	Receipts and	МО	DAY	YEA	R			мо	[DAY	YEA	R	FOF	OFFIC	E USE	ONLY	,	
Expenditures	Denditures from: 1 1 1 TO 5 6 2								2002									
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				8	6.42						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,300.81																		
C. Total Funds Available (Sum Of Lines A and B) \$ 1,387.23																		
D. Total Expenditures (From Schedule III) \$ 1,215.88																		
E. Ending Cash	Balance (Subtra	ct Line D	From Lir	ne C)			\$				17	1.35						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fron	1 Sched	ule I	II)	\$				(0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00			•			
				AF	FID	AVI	T SE	CTIO	١									
PART I - If this is			_						-	•								
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached	schedul	es file	ed on	paper	or by ele	ctro	nic me	edium, a	re to t	he best of	my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						_		Sig	nature	of Person	Submit	ing Re	oort		_
	Signat	ure					- -		-				Printe	ed Name	,			-
My Commission Ex	-								_				Email					_
	мо	D	AY	Υ	R					Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authoriz	ed Com	mitt	ee, C	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and l	belief th	is pol	litical	comm	ittee has	not	violat	ed any	provisi	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		;							-			Si	ignature of	Candida	ate			-
	day of ————————————————————————————————————						_		-				Printed	Name				_
	Signature						-		_									_
My Commission Exp	ires												Email					
	МО	D.	AY	Y	R		-		-	Area (Code		Day	time T	elephor	ie Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age			
Name of Filing Committee or Candidate	Reporting Period		
BROWNE, PAT	From:	To:	5/6/2002
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)		\$	0.00
TOTAL for the Reporting	Period (2)	\$	0.00
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)		\$	1,300.00
TOTAL for the Reporting	Period (3)	\$	1,300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	Period (4)	\$	0.81
Total Monetary Contributions and Receipts During this Reporting Period (Add an		\$	1,300.81
total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	1,300.81

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			From: To:				:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL \$0.00

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	Name of Filing Committee or Candidate					Reporting Period					
			From: To:								
					DATE			AMOUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4)									

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

PAGE TOTAL \$0.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Name of Filing Committee or Candidate				orting Pe	riod			
BROWNE, PAT				Fron	n:		To	:	<u>5/6/2002</u>
					DA	ATE		AMO	JNT
Full Name of Contributor PATRICK M. BROWNE					мо	DAY	YEAR		
Mailing 1600 LEHIGH PARKWA	AY EAST							\$	200.00
City ALLENTOWN	State PA	_	Code (Plus	4)	1	18	2002		
Employer Name COMMONWEALTH OF	PA				Occupat	i on S	TATE L	EGISLATOR	
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (I	Plus 4)
14B MAIN CAPITAL	4B MAIN CAPITAL HARRISBURG				PA			17120	
Full Name of Contributor PATRICK M. BROWNE					МО	DAY	YEAR		
Mailing 1600 LEHIGH PARKWA	VAY EAST							\$	100.00
City ALLENTOWN	State PA		Code (Plus	4)	2	10	2002		
Employer Name COMMONWEALTH OF	PA				Occupation STATE LEGISLATOR				
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (Plus 4)
14B MAIN CAPITAL			HARRISB	URG		PA		17120	
Full Name of Contributor PATRICK M. BROWNE					МО	DAY	YEAR		
Mailing 1600 LEHIGH PARKWA	AY EAST							\$	400.00
City ALLENTOWN	State PA		Code (Plus	4)	2	22	2002		
Employer Name COMMONWEALTH OF PA				Occupat	ion S	TATE L	EGISLATOR		
Employer Mailing Address/Principal Place of Business City				State Zip Code (Plus 4)			Plus 4)		
Business 14B MAIN CAPITAL HARRISBURG			URG		PA		17120		

Full Name of Contributor PATRICK M. BROWNE				мо	DAY	YEAR			
Mailing 1600 LEHIGH Address	PARKWAY EAST						\$ 400.00		
City ALLENTOWN	State	Zi	p Code (Plus 4)	3	16	2002	!		
	PA	18	3103						
Employer Name COMMONWEALTH OF PA					Occupation STATE LEGISLATOR				
Employer Mailing Address/Principal Place of Business City				State		Zip Code (Plus 4)			
14B MAIN CAPITAL HARRISBURG				PA			17120		
Full Name of Contributor PATRICK M. BROWNE				МО	DAY	YEAR			
Mailing 1600 LEHIGH Address	PARKWAY EAST						\$ 200.00		
City ALLENTOWN	State	Zi	p Code (Plus 4)	3	17	2002	!		
	PA	18	3103						
Employer Name COMMONWEA	ALTH OF PA	,		Occupat	tion	TATE L	EGISLATOR		
Employer Mailing Address/Princi Business	ipal Place of		City	1	State		Zip Code (Plus 4)		
14B MAIN CAPITAL HARRISBURG			HARRISBURG		PA		17120		
Enter Grand Total of Part C o	on Schedule I. Detai	iled Sumn	nary Page, Section	on 3.			PAGE TOTAL		
	ner Grand Total of Fart Con Schedule 1, Betaned Sammary Fage, See						\$ 1,300,00		

1,300.00

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 Ca	ndidate		Report	ting Perio	d			
BROWNE, PAT			From:			To:		5/6/2002
				D	ATE		Al	MOUNT
Full Name PSECU				МО	DAY	YEAR		
Mailing Address P.O. BOX 67	7013						\$	0.81
City HARRISBURG	State PA	Zip Code (17106	Plus 4)	5	1	2002		
Receipt Description DIVIDE	END INCOME			•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	1 Summary Page	Section	4			P/	AGE TOTAL
Enter Grand Total of Part E on	Schedule 1, Detailet	. Juliillal y Fage,	Section	T.			\$	0.81

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		
BROWNE, PAT	From:	То:	5/6/2002
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	-	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period				
					Fro	om:		То:	:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportii	ng Period			
BROWNE, PAT			From			То:	5/6/2002
				DATE			AMOUNT
To Whom Paid LEHIGH COUNTY CHAMBER OF COMME	RCE		МО	DAY	YEAR		
Mailing Address 462 WALNUT STREE	ET .		2	4	2002	\$	180.00
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
ALLENTOWN	PA	18102	DONATION/SPONSOR				
To Whom Paid CONGREGATION SONS OF ISRAEL	МО	DAY	YEAR				
Mailing Address 2715 TILGHMAN STREET				22	2002	\$	100.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	Description of Expenditure DONATION/SPONSOR				
To Whom Paid LEHIGH COUNTY REPUBLICAN COMMIT	TEE		мо	DAY	YEAR		
Mailing Address 1544 HAMILTON ST	REET		2	23	2002	\$	100.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Descrip DONAT	otion of Exp	penditure		
To Whom Paid PENNSYLVANIA DEPARTMENT OF STAT	E-BUREAU OF ELE		мо	DAY	YEAR		
Mailing Address 303 NORTH OFFICE	BUILDING		3	12	2002	\$	100.00
City HARRISBURG	HARRISBURG State Zip Code (Plus 4) PA 17120			otion of Exp			
o Whom Paid IILTON HARRISBURG & TOWERS			МО	DAY	YEAR		
Mailing Address 1 NORTH SECOND STREET			3	14	2002	\$	385.88

Zip Code (Plus 4)

17101

Description of Expenditure

BREAKFAST EVENT

State

PΑ

City

HARRISBURG

							PAGE 13
To Whom Paid CORSA COMMUNICATIONS Mailing Address 1290 STARK ROAD			мо	DAY	YEAR		
			2	20	2002	\$	350.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure VOTER LISTS				
Enter Grand Total of Exp	enditures on Page 1, Re	eport Cover Page, Item D				\$	PAGE TOTAL 1,215.88