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	20140	C0463				port ed B		CA	NDII	DATE	✓	СО	MMITTE		LOBE	BYIST		
Name of Filing C	Committee	, Candida	ate or Lo	obbyist:		PAT	BRO	OWNE											
Street Address:																			
City:									State	e:				Zip Cod	e: 18	3102			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes	No		\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRI	≣-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	No		\
report type)	ANNUAL	REPORT	7. X	Year 2014				FILIN	IG ME					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by	Candidat	e:						DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun	
CENIATOR IN T	UE OENES		MDLV						МО		DAY	ΥI	EAR	16	STS	REP		•	
SENATOR IN TH	HE GENER	KAL ASSE	MBLY							11		4	2014		(SEE IN:	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FO	R OFFIC	CE USE	ONLY		
Expenditures	from:		1	.1 25	2	014	Т	0		12	:	31	2014						
A. Amount Bro	ught Forw	ard Fron	ı Last Ro	eport				\$				4,	791.94						
B. Total Moneta	ary Contri	butions A	and Reco	eipts (Fror	n Sche	dule	ı)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				4,	791.94						
D. Total Expend	ditures (F	rom Sche	dule II	1)				\$				5,:	164.88						
E. Ending Cash	Balance ((Subtract	Line D	From Line	C)			\$				(3	72.94)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obl	ligations	(From S	chedule I	/)			\$					0.00						
					AFF	ID/	١٧٢	T SE	CTI	NC									
PART I - If this is	s a Commi	ittee repo	ort, trea	surer sign	here.	If th	is is	a Car	ndida	te re	port, c	candi	idate sig	ın here.					
I swear (or affirm) correct and complete		eport, incl	uding the	attached so	hedule	s file	d on	paper	or by	electr	onic m	edium	ı, are to t	he best of	my knov	wledge	and beli	ef , trı	ue.
Sworn to and subs	cribed befo	ore me this		20								5	Signature	of Person	Submit	ting Rep	ort		-
		Signatur	'e					-						Print	ed Name	.			-
My Commission Ex	cpires	0.5	_							•				Emai	l				-
	i	мо	D#	ΛΥ	YR			_		,	Are	ea Co	de	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	e, C	andid	ate s	hall s	Il sign here.								
I swear (or affirm) No 320) as amende		e best of m	y knowle	dge and bel	ief this	polit	tical	comm	ittee l	nas no	s not violated any provisions of the act of June 3,1937 (P.L. 1333,								3,
Sworn to and subsc		e me this											Si	ignature o	f Candida	ate			-
	day of —							-						Printe	d Name				-
My Commission Exp		ignature						-						Emai	<u> </u>				-
, солинавіон ехр																			₋┃
		МО	DA	ΛΥ	YR	1					Area	Code		Da	ytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PAT BROWNE	From:	11/25/201	<u>.4</u> To:	12/31/2014
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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			Rep	orting Pe	riod			
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	•	0.00

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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	0.00

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 Per	iod	
PAT BROWNE	From:	<u>11/25/2014</u> To:	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	rt 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 Candid	late		Reportin	g Period			
			From:			To:	
				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 S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	ımarv Pad	ne. F		PAGE TOTAL
Section 2.				,		\$	
						Τ	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
PAT BROWNE			From	11/2	5/2014	То:	12/31/2014	
				DATE			AMOUNT	
To Whom Paid CHICKIE & DETES			мо	DAY	YEAR			
Mailing Address			44	20	2014	ł		
715 HAMI	LTON STREET	·	11 29 2014 \$ 94.03					
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101		otion of Exp				
To Whom Paid TICKET MASTER			МО	DAY	YEAR			
Mailing Address 200 SOUT	H ORANGE AVENUE		12	11	2014	\$	356.70	
City SOUTH ORANGE	State NJ	Zip Code (Plus 4) 07079					NSYLVANIA	
To Whom Paid ANGUS CLUB			МО	DAY	YEAR			
Mailing Address 135 EAST	55TH STREET		12	12	2014	\$	441.95	
City NEW YORK	State NY	Zip Code (Plus 4) 10022		otion of Exp			ETY EVENT	
To Whom Paid HAMILTON KITCHEN	•	•	мо	DAY	YEAR			
Mailing Address 645 HAMI	LTON STREET		12	18	2014	\$	250.38	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101		otion of Exp IGN - HOL				
To Whom Paid HYATT LEXINGTON		•	мо	DAY	YEAR			
Mailing Address 517 LEXIN	IGTON AVENUE		12	16	2014	\$	4,021.82	
City NEW YORK State Zip Code (Plus 4) NY 10017				otion of Exp		<u>.</u>		
		•	1				PAGE TOTAL	
Enter Grand Total of Exper	iditures on Page 1, Re	port Cover Page, Item I) .			\$	5,164.88	