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	21078	3				port ed B		CANI	DIC	DATE	✓	со	MMITTEE		LOBE	SYIST				
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		BRC	OWN	E, PA	AT												
Street Address:																					
City:									State:					Zip Code	: 15	401-0	000				
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA PRIMA		P	OST-	3. X		AMENDME REPORT?	NT	Yes	No	1	\		
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRID ELECTION		E-	5.	30 DA		P	OST-	6.		TERMINAT REPORT?	ION	Yes	No)	√		
report type)	ANNUAL F	REPORT	7.	Year 200	2				IG MET					PAPER		\checkmark	DISKE	TTE			
Name of Office S	ought by (Candidat	e:	-					DATE	OF	ELE(CTION		District Number	Office Code	Par	ty Code	Cour			
	,								МО		DAY	YEAR	R	131	STH	REP		39			
REPRESENTATI	VE IN THE	GENER.	AL ASS	EMBLY					1	.1		5 2	002		(SEE INS	TRUCTIO	ONS FOR	CODES)		
Summary of		and	МО	DAY	YEAF	₹			мо		DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY				
Expenditures	from:			1	1	1	Т	0		6	1	10 2	002								
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$				171	.35								
B. Total Moneta	ary Contrib	outions A	And Rec	eipts (Fro	m Sche	edule	eI)	\$				300	0.09								
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$				471	44								
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$				315	.00								
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				156	.44								
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From	Schedu	le II	[)	\$				0	.00								
G. Unpaid Debt	s And Obli	gations	(From S	Schedule 1	V)			\$				C	.00								
					AFF	IDA	٩VI	T SE	CTIOI	V											
PART I - If this is	a Commit	ttee repo	ort, trea	surer sigi	here.	If th	is is	a Car	ndidate	rep	port, c	andidat	e sig	ın here.							
I swear (or affirm) correct and comple		port, inclu	uding the	attached s	chedule	s file	d on	paper	or by ele	ctro	onic me	edium, ar	e to t	he best of	my knov	vledge a	and beli	ef , tr	ue		
Sworn to and subs	cribed befor	e me this		20						-		Sign	ature	of Person	Submitt	ing Rep	ort		_		
		Signatur	'e	_				- -		-				Printe	d Name				-		
My Commission Ex	pires	J.J								-				Email					-		
	M	10	D/	ΑY	YR					_	Are	ea Code		Daytime	Teleph	one Nu	mber				
Part II- If this is	a report o	of a cand	idate's	authorize	d Comr	nitte	e, C	andid	ate sha	II s	ign he	ere.									
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	s poli	tical	comm	ittee has	no	t viola	ted any p	rovisi	ions of the	act of Ju	ıne 3,19	937 (P.L	. 133	3,		
Sworn to and subsc		me this											Si	ignature of	Candida	ite			-		
	day of —— —							_						Printed	Name				-		
	Si	gnature						-		_			_						_		
My Commission Exp														Email							
		мо	DA	AY	YF	R		•			Area	Code		Day	rtime Te	elephon	e Numb	er	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -			
Name of Filing Committee or Candidate	Reporting Period		
BROWNE, PAT	From:	To:	6/10/2002
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	J 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)		\$	300.00
TOTAL for the Reporting	Period (3)	\$	300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	Period (4)	\$	0.09
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		\$	300.09

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Re	eporting				
			From: To			Го:		
					DATE			AMOUNT
Full Name of Contributing	g Committee			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

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 o	r Candidate		Reporting Period From: To:					
			l		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			Rep	orting Pe	riod			
BROWNE, PAT			Fror	m:		То	: <u>6</u>	/10/2002
				D/	ATE		AMOU	INT
Full Name of Contributor PATRICK M. BROWNE				мо	DAY	YEAR		
Mailing 1600 LEHIGH PARKW	AY EAST					2002	\$	300.00
City ALLENTOWN	State PA	Zip Code (Plus 18103	5 4)	6	11	2002		
Employer Name COMMONWEALTH OF	PA			Occupat	ion	STATE LE	GISLATOR	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (F	Plus 4)
14B MAIN CAPITAL		HARRISE	BURG		PA		17120	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mmary Page,	Section	on 3.		\$		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 Candi	date		Report	ing Perio	od			
BROWNE, PAT			From:			То:		6/10/2002
				D	ATE			AMOUNT
Full Name PSECU				мо	DAY	YEAR		
Mailing Address P.O. BOX 6701	3			_			\$	0.09
City HARRISBURG	State PA	Zip Code (17106	Plus 4)	6	10	2002		
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on Sc	hedule T. Detailed	l Summary Page.	Section	4.				PAGE TOTAL
			2000.011	••			\$	0.09

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:	To:	6/10/2002
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
BROWNE, PAT			From			То:	6/10/2002
				DATE			AMOUNT
To Whom Paid NORTH END REPUBLICAN CLUB	3		мо	DAY	YEAR		
Mailing Address 8TH AND HA	AMILTON STREET		5	16	2002	\$	50.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Descrip BANQU	ption of Exp	penditure		
To Whom Paid KIWANIS CLUB OF ALLENTOWN	N NE		МО	DAY	YEAR		
Mailing Address 1017 VAN B	SUREN STREET		5	14	2002	\$	40.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18109		ption of Exp	penditure		
To Whom Paid LEHIGH VALLEY YOUNG REPUB	LICAN CLUB	•	мо	DAY	YEAR		
Mailing Address 514 WEST T	THIRD STREET		6	8	2002	\$	225.00
State Zip Code (Plus 4) PA 18015				ption of Exp			
Enter Grand Total of Expend							PAGE TOTAL

315.00