LOBBYIST

COMMITTEE 🗸

### **Campaign Finance Report**

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

Report

CANDIDATE

| Filer Identificati<br>Number :                       | on 9400                              | 028         |                       |            | Repo<br>Filed |                | <b>y</b> :     | CA                             | NDI      | DATE     |        | COMM                        | 4ITTEE             | <b>✓</b>       | LOB      | BYIST     |                |
|--|--------------------------------------|-------------|-----------------------|------------|---------------|----------------|----------------|--------------------------------|----------|----------|--------|-----------------------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                                     | ommittee, Candida                    | ate or Lo   | obbyist:              | E          | BROW          | /NE            | , PA           | TRIC                           | ⟨ CI     | TIZEN    | S FC   | )R                          | •                  | ·              |          |           |                |
| Street Address:                                      | 1111 N 11TH                          | ST          |                       |            |               |                |                |                                |          |          |        |                             |                    |                |          |           |                |
| City:  | WHITEHALL                            |             |                       |            |               |                |                | State                          | e:       | PA       |        | <b>Zip Code:</b> 18052-0000 |                    |                |          |           |                |
| TYPE OF<br>REPORT                                    | 6TH TUESDAY<br>PRE-PRIMARY           | 1.          |                       |            |               | 30 DA<br>PRIMA |                | P                              | POST- 3. |          |        | AMENDMENT<br>REPORT?        |                    | Yes            | No       | <b>\</b>  |                |
| (place X to<br>the right of                          | 6TH TUESDAY<br>PRE-ELECTION          | 4.          | 2ND FRIDA<br>ELECTION | Y PRE-     | - 5.          |                | 30 DA<br>ELECT |                                | P        | POST-    | 6.     |                             | TERMINA<br>REPORT  |                | Yes      | No        | <b>\</b>       |
| report type)   | ANNUAL REPORT                        | 7. <b>X</b> |                       |            |               |                |                | FILING METHOD<br>( ) CHECK ONE |          |          |        |                             | PAPER              |                | <b>√</b> | DISKE     | TTE            |
| Name of Office S                                     | ought by Candidat                    | e:          |                       |            | •             |                |                | DAT                            | ΈO       | F ELE    | CTIC   | ON                          | District<br>Number | Office<br>Code | Pai      | ty Code   | County<br>Code |
|  |                                      |             |                       |            |               |                |                | МО                             |          | DAY      | Y      | EAR                         |                    |                | REF      | )         | 39             |
|  |                                      |             |                       |            |               |                |                |                                | 11       |          | 3      | 2015                        |                    | (SEE INS       | TRUCTI   | ONS FOR C | ODES)          |
| Summary of   | •                                    | МО          | DAY                   | YEAR       |               |                |                | МО                             |          | DAY      | Y      | EAR                         | FO                 | R OFFIC        | E USE    | ONLY      |                |
| Expenditures   | Trom:                                | 1           | 11 24                 | 20         | 15            | T              | <b>)</b>       |                                | 12       | :        | 31     | 2015                        |                    |                |          |           |                |
| A. Amount Bro  | ught Forward Fron                    | ı Last R    | eport                 |            |               |                | \$             |                                |          |          | 537,   | 794.75                      |                    |                |          |           |                |
| B. Total Moneta                                      | ary Contributions A                  | And Rec     | eipts (From           | Sched      | lule I        | )              | \$             |                                |          |          | 17,    | 000.00                      |                    |                |          |           |                |
| C. Total Funds Available (Sum Of Lines A and B) \$   |                                      |             |                       |            |               |                |                |                                |          | 554,     | 794.75 |                             |                    |                |          |           |                |
| D. Total Expenditures (From Schedule III)            |                                      |             |                       |            |               | \$             |                |                                |          | 8,       | 629.99 |                             |                    |                |          |           |                |
| E. Ending Cash Balance (Subtract Line D From Line C) |                                      |             |                       |            |               | \$             |                |                                | Į        | 546,:    | 164.76 |                             |                    |                |          |           |                |
| F. Value Of In-                                      | Kind Contributions                   | Receive     | ed (From S            | chedule    | e II)         |                | \$             |                                |          |          |        |                             |                    |                |          |           |                |
| G. Unpaid Debt                                       | s And Obligations                    | (From S     | chedule IV            | <b>'</b> ) |               |                | \$             |                                |          |          |        | 0.00                        |                    |                |          |           |                |
|  |                                      |             |                       | AFFI       | DAV           | /IT            | SE             | CTIC                           | NC       |          |        |                             |                    |                |          |           |                |
|  | that this report, incl               | -           | _                     |            |               |                |                |                                |          |          |        | _                           |                    | f my knov      | vledae   | and belie | ef . true      |
| correct and comple                                   | ete.                                 |             |                       |            |               |                | р.с.           | , .                            |          |          |        | ,                           |                    | ,              |          |           |                |
| Sworn to and subs                                    | cribed before me this<br>day of<br>— |             | 20                    |            |               |                |                |                                |          |          | :      | Signature                   | of Perso           | n Submitt      | ing Re   | oort      |                |
|  | Signatur                             | ·e          |                       |            |               |                | •              |                                |          |          |        |                             | Prin               | ted Name       |          |           |                |
| My Commission Ex                                     | · —                                  |             |                       |            |               |                |                |                                | •        |          |        |                             | Ema                |                |          |           |                |
|  | МО                                   | D/          |                       | YR         |               |                |                |                                |          |          | ea Co  | de                          | Daytim             | e Teleph       | one Nu   | mber      |                |
|  | a report of a cand                   |             |                       |            | ·             |                |                |                                |          | _        |        |                             |                    | 6 1            | 2.4      | 027 (D.I  | 1222           |
| No 320) as amende                                    |                                      | iy knowie   | age and bell          | er tnis p  | politica      | ai (           | comm           | ittee n                        | ias n    | ot viola | tea a  | ny provis                   | ions of th         | e act or Ju    | ine 3,1  | 937 (P.L. | . 1333,        |
| Sworn to and subsc                                   | ribed before me this<br>day of       |             | 20                    |            |               |                |                |                                |          |          |        | s                           | ignature o         | of Candida     | ite      |           |                |
|  |                                      |             | _                     |            |               |                |                |                                |          |          |        |                             | Printe             | d Name         |          |           |                |
| My Commission Exp                                    | Signature<br>ires                    |             |                       |            |               |                |                |                                |          |          |        |                             | Ema                | il             |          |           |                |
|  | МО                                   | D/          | ΛΥ                    | YR         |               | _              |                |                                |          | Area     | Code   |                             | Da                 | aytime Te      | elephor  | ne Numbe  | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |                         |            |
|--|-----------|----------|-------------------------|------------|
| BROWNE, PATRICK CITIZENS FOR   | From:     | 11/24/20 | ) <u>15</u> <b>To</b> : | 12/31/2015 |
| 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)  |           |          | \$                      | 500.00     |
| All Other Contributions (Part B)   | \$        | 0.00     |                         |            |
| TOTAL for the Reporting  | ) Period  | (2)      | \$                      | 500.00     |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |                         |            |
| Contributions Received From Political Committees (Part C)  |           |          | \$                      | 16,500.00  |
| All Other Contributions (Part D)   |           |          | \$                      | 0.00       |
| TOTAL for the Reporting  | Period    | (3)      | \$                      | 16,500.00  |
| 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 |           |          | \$                      | 17,000.00  |

#### **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.

| Name of Filing Committee or Candidate | Reporting | Period     |     |            |
|---------------------------------------|-----------|------------|-----|------------|
| BROWNE, PATRICK CITIZENS FOR          | From:     | 11/24/2015 | To: | 12/31/2015 |
|                                       | •         | DATE       |     | AMOUNT     |

| Full Name of Contributing Committee School Nurse PAC |                    |                                   | МО | DAY | YEAR |                  |
|--|--------------------|-----------------------------------|----|-----|------|------------------|
| Mailing Address 1300 Crest Lane                      |                    |                                   |    |     |      | <b>\$</b> 250.00 |
| <b>City</b> Oakdale                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15071 | 12 | 2   | 2015 |                  |
| Full Name of Contributing Committee Penn HY-PAC      |                    |                                   | МО | DAY | YEAR |                  |
| Mailing Address 123 Russell Avenu                    | e                  |                                   |    | _   |      | <b>\$</b> 250.00 |
| <b>City</b> Douglasville                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19518    | 12 | 2   | 2015 |                  |

**PAGE TOTAL \$** 500.00

## 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 |    |      |      |        |      |
|--|-------|-------------------|------------------|----|------|------|--------|------|
|  |       |                   | Fro              | m: |      | 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 Candidate                 |                    |                       | Reporting  | Period |               |      |                    |
|---|--------------------|-----------------------|------------|--------|---------------|------|--------------------|
| BROWNE, PATRICK CITIZENS FOR                          |                    |                       | From:      | 11/2   | <u>4/2015</u> | То:  | 12/31/2015         |
|   |                    |                       |            | DA     | TE            |      | AMOUNT             |
| Full Name of Contributing Committee TalenPAC          |                    |                       |            | МО     | DAY           | YEAR |                    |
| Mailing Address 835 Hamilton Street                   |                    |                       |            |        |               |      | \$ 1,000.00        |
| <b>City</b> Allentown                                 | <b>State</b><br>PA | <b>Zip Code</b> 18101 | e (Plus 4) | 12     | 2             | 2015 |                    |
| Full Name of Contributing Committee  IBC PAC          |                    |                       |            | мо     | DAY           | YEAR |                    |
| Mailing Address 1901 Market Street  City Philadelphia | <b>State</b> PA    | <b>Zip Code</b> 19103 | e (Plus 4) | 12     | 2             | 2015 | \$ 1,000.00        |
| Full Name of Contributing Committee                   |                    |                       |            |        |               |      |                    |
| PAA-PAC   |                    |                       |            | МО     | DAY           | YEAR |                    |
| Mailing Address 1925 No. Front Stree                  | et; P.O. Box 2955  |                       |            |        |               |      | <b>\$</b> 1,000.00 |
| <b>City</b> Harrisburg                                | <b>State</b><br>PA | <b>Zip Code</b> 17105 | e (Plus 4) | 12     | 2             | 2015 |                    |
| Full Name of Contributing Committee PA Bar PAC        |                    |                       |            | МО     | DAY           | YEAR |                    |
| Mailing Address 100 South Street; P.                  | O. Box 186         |                       |            |        |               |      | <b>\$</b> 1,000.00 |
| <b>City</b> Harrisburg                                | <b>State</b><br>PA | <b>Zip Code</b> 17108 | e (Plus 4) | 12     | 2             | 2015 |                    |
| Full Name of Contributing Committee First PAC         |                    |                       |            | МО     | DAY           | YEAR |                    |
| Mailing Address P.O. Box 5319                         |                    |                       |            |        |               |      | <b>\$</b> 1,000.00 |
| <b>City</b> Harrisburg                                | <b>State</b><br>PA | <b>Zip Code</b>       | e (Plus 4) | 12     | 2             | 2015 |                    |

|   |  |                                   |           |              |                  | PAGE 6                   |
|---|--|-----------------------------------|-----------|--------------|------------------|--------------------------|
| Full Name of Contributing Committe  | ee   |                                   | мо        | DAY          | YEAR             |                          |
| Pennsylvania Bankers PAC  |  |                                   | МО        | DAI          | ILAK             |                          |
| Mailing Address 3897 No. Front  | Street   |                                   |           |              |                  | \$ 1,000.00              |
| <b>City</b> Harrisburg  | State  | Zip Code (Plus 4)                 | 12        | 2            | 2015             |                          |
|   | PA   | 17110                             |           |              |                  |                          |
| Full Name of Contributing Committee   | ee   |                                   | МО        | DAY          | YEAR             |                          |
| Gateway Health Plan PAC   |  |                                   | МО        | DAT          | TEAK             |                          |
| Mailing Address 600 Grant Street, Floor 41  |  |                                   |           |              |                  | <b>\$</b> 1,000.00       |
| <b>City</b> Pittsburgh  | State  | Zip Code (Plus 4)                 | 12        | 2            | 2015             |                          |
| ,   | PA   | 15219                             |           |              |                  |                          |
| Full Name of Contributing Committee   | ee   | <u> </u>                          | мо        | DAY          | YEAR             |                          |
| CenturyLink Employees' PAC  |  |                                   | 1-10      | DAI          | ILAK             |                          |
| Mailing Address 240 No. 3rd Str   | eet  |                                   |           |              |                  | \$ 1,000.00              |
| <b>City</b> Harrisburg  | State  | Zip Code (Plus 4)                 | 11        | 25           | 2015             |                          |
|   | PA   | 17101                             |           |              |                  |                          |
|   |  |                                   |           |              |                  |                          |
| Full Name of Contributing Committe  | ee   |                                   | мо        | DAY          | YEAR             |                          |
| PCCFA PAC   | ee   |                                   | мо        | DAY          | YEAR             |                          |
| _   |  |                                   |           |              |                  | \$ 500.00                |
| PCCFA PAC   |  | Zip Code (Plus 4)                 | <b>MO</b> | <b>DAY</b> 2 | <b>YEAR</b> 2015 | \$ 500.00                |
| PCCFA PAC  Mailing Address 3051 Green Pon   | nd Road  | <b>Zip Code (Plus 4)</b><br>18045 |           |              |                  | \$ 500.00                |
| PCCFA PAC  Mailing Address 3051 Green Pon   | od Road State PA                                     |                                   | 12        | 2            | 2015             | \$ 500.00                |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  | od Road State PA                                     |                                   |           |              |                  | \$ 500.00                |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committee   | State PA   |                                   | 12        | DAY          | 2015<br>YEAR     | \$ 500.00<br>\$ 2,000.00 |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committee PECO PAC  Mailing Address 2301 Market Str   | State PA   |                                   | 12        | 2            | 2015             |                          |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committed PECO PAC  Mailing Address 2301 Market Str   | State PA ee  | 18045                             | 12<br>MO  | DAY          | 2015<br>YEAR     |                          |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committee PECO PAC  Mailing Address 2301 Market Str   | State PA  PA  State PA  State PA                     | 2ip Code (Plus 4)                 | MO 12     | 2 DAY 24     | 2015 YEAR 2015   |                          |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committed PECO PAC  Mailing Address 2301 Market Str   | State PA  PA  State PA  State PA                     | 2ip Code (Plus 4)                 | 12<br>MO  | DAY          | 2015<br>YEAR     |                          |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committed PECO PAC  Mailing Address 2301 Market Str  City Philadelphia  | State PA  PA  State PA  State PA  State PA           | 2ip Code (Plus 4)                 | MO 12     | 2 DAY 24     | 2015 YEAR 2015   |                          |
| PCCFA PAC  Mailing Address 3051 Green Pon  City Easton  Full Name of Contributing Committed PECO PAC  Mailing Address 2301 Market Str  City Philadelphia  Full Name of Contributing Committed Spectra Energy Corp. PAC  Mailing Address 5400 Westheime  | State PA  PA  State PA  State PA  State PA           | 2ip Code (Plus 4)                 | MO 12     | 2 DAY 24     | 2015 YEAR 2015   | \$ 2,000.00              |
| PCCFA PAC  Mailing Address 3051 Green Pond  City Easton  Full Name of Contributing Committed PECO PAC  Mailing Address 2301 Market Str  City Philadelphia  Full Name of Contributing Committed Spectra Energy Corp. PAC  Mailing Address 5400 Westheims | State PA  PA  State PA  PA  State PA  PA  PA  PA  PA | <b>Zip Code (Plus 4)</b> 19103    | MO 12     | 2 DAY 24     | 2015 YEAR 2015   | \$ 2,000.00              |

|                                     |           |                   |      |     |      | PAGL /             |
|-------------------------------------|-----------|-------------------|------|-----|------|--------------------|
| Full Name of Contributing Committee |           |                   | мо   | DAY | YEAR |                    |
| Energy Transfer PAC                 |           |                   |      |     |      |                    |
| Mailing Address 400 W. 15th Street  | Suite 720 |                   |      |     |      | \$ 500.00          |
| City Austin                         | State     | Zip Code (Plus 4) | 11   | 25  | 2015 |                    |
|                                     | TX        | 78701             |      |     |      |                    |
| Full Name of Contributing Committee |           |                   |      | DAY | YEAR |                    |
| Norfolk Southern Corp. GGF          |           |                   |      |     |      |                    |
| Mailing Address Three Commercial Pl | ace       |                   |      |     |      | \$ 1,000.00        |
| City Norfolk                        | State     | Zip Code (Plus 4) | 12   | 2   | 2015 |                    |
|                                     | VA        | 23510             |      |     |      |                    |
| Full Name of Contributing Committee |           |                   | мо   | DAY | YEAR |                    |
| Abbott Laboratories Employee PAC    |           |                   | 1-10 | DA. | ILAK |                    |
| Mailing Address 100 Abbott Park Roa | d         |                   |      |     |      | <b>\$</b> 1,000.00 |
| City Abbott Park                    | State     | Zip Code (Plus 4) | 12   | 24  | 2015 |                    |
|                                     | IL        | 60064             |      |     |      |                    |
| Full Name of Contributing Committee |           |                   | мо   | DAY | YEAR |                    |
| The GlaxoSmithKline PAC             |           |                   |      |     |      |                    |
| Mailing Address Five Moore Drive    |           |                   |      |     |      | \$ 1,000.00        |
| City Research Triangle Park         | State     | Zip Code (Plus 4) | 12   | 21  | 2015 |                    |
|                                     | NC        | 27709             |      |     |      |                    |
| Full Name of Contributing Committee |           |                   |      |     |      |                    |
| AT&T PAC Pennsylvania               |           |                   | МО   | DAY | YEAR |                    |
| Mailing Address 192 W. State Street |           |                   |      |     |      | \$ 1,000.00        |
| City Trenton                        | State     | Zip Code (Plus 4) | 12   | 2   | 2015 |                    |
|                                     | NJ        | 08608             |      |     |      |                    |
|                                     | 1         |                   |      |     |      | ·                  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**16,500.00

### 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          |               |           |              |         | Reporting Period |       |      |            |                       |  |
|--|---------------|-----------|--------------|---------|------------------|-------|------|------------|-----------------------|--|
|  |               |           |              | From:   |                  |       |      | То:        |                       |  |
|  |               |           |              |         | D                | ATE   |      | AN         | MOUNT                 |  |
| Full Name of Contributor                           |               |           |              |         | МО               | DAY   | YEAR |            |                       |  |
| Mailing<br>Address                                 |               |           |              |         |                  |       |      | \$         | 0.00                  |  |
| City   | State         | Zi        | p Code (Plus | 5 4)    |                  |       |      |            |                       |  |
| Employer Name                                      | •             | •         |              |         | Occupa           | tion  | •    | •          |                       |  |
| Employer Mailing Address/Principal Pla<br>Business | ce of         |           | City         |         | •                | State |      | Zip Code   | e (Plus 4)            |  |
| Enter Grand Total of Part C on Scho                | edule I, Deta | iled Sumr | mary Page,   | Section | on 3.            |       |      | P <i>/</i> | <b>AGE TOTAL</b> 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 |                        |                  | Reporting Period |    |     |      |    |            |  |
|---------------------------------------|------------------------|------------------|------------------|----|-----|------|----|------------|--|
|                                       |                        |                  | From:            |    |     | To:  |    |            |  |
|                                       |                        |                  |                  | D  | ATE |      |    | AMOUNT     |  |
| Full Name                             |                        |                  |                  | МО | DAY | YEAR |    |            |  |
| Mailing Address                       |                        |                  |                  |    |     |      | \$ | 0.00       |  |
| City                                  | State                  | Zip Code (       | Plus 4)          |    |     |      |    |            |  |
| Receipt Description                   | ·                      | •                |                  |    |     | •    | •  |            |  |
| Enter Grand Total of Part E on        | Schedule T Detailed    | l Summary Page   | Section          | 4  |     |      | ı  | PAGE TOTAL |  |
| zinci. Grana rotal or rait z on       | ocilculate 1, Detailet | . Janimary rage, | Section          |    |     |      | \$ | 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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| BROWNE, PATRICK CITIZENS FOR   | From:          | <u>11/24/2015</u> <b>To:</b> | 12/31/2015 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR | ł .                          |            |
| 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, 1 |                | \$                           | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate Re |                    |                       | Reporting Period |             |       |           |            |  |
|--|--------------------|-----------------------|------------------|-------------|-------|-----------|------------|--|
| Fr                                       |                    |                       |                  |             | :     |           |            |  |
|  |                    |                       |                  | DATE        |       |           | AMOUNT     |  |
| Full Name of Contributor                 |                    |                       | МО               | DAY         | YEAR  |           |            |  |
| Mailing Address                          |                    |                       |                  |             |       | <b>\$</b> | 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                         |               |         |            | Reporting 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    | ition     |        |       |                        |
| Employer Mailing Address/Principal P<br>Business              | ace of        | City    |            | State            |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on So<br>Summary Page, Section 3. | chedule II, 1 | In-Kind | Contributi | ons De           | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Commi                   | ittee or Candidate           |                    |                                   | Reportir                 | ng Period                  |           |     |            |
|--|------------------------------|--------------------|-----------------------------------|--------------------------|----------------------------|-----------|-----|------------|
| BROWNE, PATRICK C                      | BROWNE, PATRICK CITIZENS FOR |                    |                                   | From                     | 11/2                       | 4/2015    | То: | 12/31/2015 |
|  |                              |                    | ·                                 |                          | DATE                       | AMOUNT    |     |            |
| <b>To Whom Paid</b><br>Milson's Notary |                              |                    |                                   | мо                       | DAY                        | YEAR      |     |            |
| Mailing Address 23                     | 2302 No. First Avenue        |                    |                                   | 12                       | 7                          | 2015      | \$  | 5.00       |
| <b>City</b> Whitehall                  |                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18052 | <b>Descrip</b><br>Notary | otion of Exp               | penditure |     |            |
| To Whom Paid<br>Shula's Steak House    |                              |                    |                                   | мо                       | DAY                        | YEAR      |     |            |
| Mailing Address 27                     | No. 7th Street - 9           | Suite 110          |                                   | 12                       | 1                          | 2015      | \$  | 90.00      |
| <b>City</b> Allentown                  |                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18101 |                          | otion of Exp<br>ign dinner | penditure |     |            |
| <b>To Whom Paid</b><br>Bonefish Grill  |                              |                    |                                   | мо                       | DAY                        | YEAR      |     |            |
| Mailing Address 90                     | 1 Lifestyle Center           |                    |                                   | 11                       | 25                         | 2015      | \$  | 36.91      |
| <b>City</b> Whitehall                  |                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18052 | 1                        | otion of Exp<br>ign dinner | penditure |     |            |
| <b>To Whom Paid</b><br>Miyako          |                              |                    |                                   | МО                       | DAY                        | YEAR      |     |            |
| Mailing Address 22                     | 7 No. 2nd Street             |                    |                                   | 12                       | 4                          | 2015      | \$  | 32.13      |
| <b>City</b> Harrisburg                 |                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17101    |                          | otion of Exp               |           |     |            |
| <b>To Whom Paid</b><br>Miyako          |                              |                    |                                   | мо                       | DAY                        | YEAR      |     |            |
| Mailing Address 22                     | 7 No. 2nd Street             |                    |                                   | 12                       | 5                          | 2015      | \$  | 53.10      |
| <b>City</b> Harrisburg                 |                              | State              | Zip Code (Plus 4)                 | Descrip                  | tion of Exp                | penditure | !   |            |

17101

Campaign dinner

PA

| <b>To Whom Paid</b><br>Miyako  |                                   |                           |   |                                       |    |                  |
|--|-----------------------------------|---------------------------|---|---------------------------------------|----|------------------|
| Mailing Address 227 No. 2nd Street   |                                   | 12                        | 8   | 2015                                  | \$ | 28.28            |
| City Harrisburg State PA   | <b>Zip Code (Plus 4)</b><br>17101 | 1                         | tion of Exp   | enditure                              |    |                  |
| <b>To Whom Paid</b><br>Miyako  |                                   | МО                        | DAY   | YEAR                                  |    |                  |
| Mailing Address 227 No. 2nd Street   |                                   | 12                        | 9   | 2015                                  | \$ | 22.98            |
| City Harrisburg State PA   | <b>Zip Code (Plus 4)</b> 17101    | 1                         | tion of Exp   | enditure                              |    |                  |
| To Whom Paid<br>Verizon Wireless   |                                   | МО                        | DAY   | YEAR                                  |    |                  |
| Mailing Address P.O. Box 4003  |                                   | 11                        | 28  | 2015                                  | \$ | 150.74           |
| City Acworth State GA  | <b>Zip Code (Plus 4)</b><br>30101 | 1                         | otion of Exp  |                                       |    |                  |
| <b>To Whom Paid</b> Todd Krick Graphic Design  |                                   | МО                        | DAY   | YEAR                                  |    |                  |
| Mailing Address 131 Clover Lane  |                                   |                           | 23  |                                       |    |                  |
| 131 Clover Lane  |                                   | 12                        | 23  | 2015                                  | \$ | 579.82           |
| City Palmyra State PA  | <b>Zip Code (Plus 4)</b> 17078    | Descrip                   | etion of Exp  | enditure                              | \$ | 579.82           |
| City Palmyra State   |                                   | Descrip                   | tion of Exp   | enditure                              | \$ | 579.82           |
| City Palmyra State PA  To Whom Paid  |                                   | <b>Descrip</b><br>Fundrai | ser invitat   | enditure<br>ions                      | \$ | 579.82<br>162.24 |
| City Palmyra  State PA  To Whom Paid Constant Contact  |                                   | Descrip<br>Fundrai        | ser invitat   | yenditure ions  YEAR  2015            |    |                  |
| City Palmyra  State PA  To Whom Paid Constant Contact  Mailing Address 1601 Trapelo Road  City Waltham  State        | 17078  Zip Code (Plus 4)          | Descrip<br>Fundrai        | DAY  23   | yenditure ions  YEAR  2015            |    |                  |
| City Palmyra  To Whom Paid Constant Contact  Mailing Address 1601 Trapelo Road  City Waltham  State MA  To Whom Paid | 17078  Zip Code (Plus 4)          | MO  12  Descrip Email n   | DAY  23  Stion of Expansion of | yenditure ions  YEAR  2015  penditure |    |                  |

|   |  |                    |                                   |                                 |  |   |    | PAGE |        |
|---|--|--------------------|-----------------------------------|---------------------------------|--|---|----|------|--------|
| <b>To Whom Paid</b><br>Budget Store & Lo  | ock                                      |                    |                                   | МО                              | DAY  | YEAR  |    |      |        |
| Mailing Address   | 1700 So. 4th Street                      |                    |                                   | 12                              | 23   | 2015  | \$ |      | 111.30 |
| <b>City</b> Allentown   |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18103 | <b>Descrip</b><br>Storage       | otion of Exp<br>e rental                               | penditure                                       |    |      |        |
| To Whom Paid<br>Service Electric Te   | elephone Co.                             |                    |                                   | МО                              | DAY  | YEAR  |    |      |        |
| Mailing Address   | 4242 Mauch Chunk                         | Road               |                                   | 12                              | 23   | 2015  | \$ |      | 111.81 |
| <b>City</b> Coplay  | State Zip Code (Plus 4) PA 18037         |                    |                                   | 1                               | otion of Exp   |   |    |      |        |
| <b>To Whom Paid</b> CVS Pharmacy  |  |                    |                                   | мо                              | DAY  | YEAR  |    |      |        |
| Mailing Address   | 1802 Lehigh Street                       |                    |                                   | 12                              | 1  | 2015  | \$ |      | 9.95   |
| <b>City</b> Allentown   |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18103 |                                 | <b>Description of Expenditure</b><br>Campaign supplies |   |    |      |        |
|   |  |                    |                                   |                                 |  |   |    |      |        |
| <b>To Whom Paid</b><br>Hamilton Mall Fan  | nily Center                              |                    |                                   | МО                              | DAY  | YEAR  |    |      |        |
|   | nily Center<br>801 Hamilton Street       |                    |                                   | <b>MO</b>                       | DAY 1  | <b>YEAR</b> 2015                                | \$ |      | 300.00 |
| Hamilton Mall Fan   |  | <b>State</b> PA    | <b>Zip Code (Plus 4)</b> 18101    | 12 Descrip                      |  | 2015<br>penditure                               |    |      | 300.00 |
| Mailing Address   | 801 Hamilton Street                      | State              |                                   | 12 Descrip                      | 1<br>otion of Exp                                      | 2015<br>penditure                               |    |      | 300.00 |
| Mailing Address  City Allentown  To Whom Paid   | 801 Hamilton Street                      | State              |                                   | 12  Descrip Campai              | 1<br>otion of Exp<br>ign supplie                       | 2015<br>Denditure                               |    |      | 300.00 |
| Mailing Address  City Allentown  To Whom Paid Jenny's Gift Baske  | 801 Hamilton Street                      | State              |                                   | Descrip Campai  MO  12  Descrip | 1 etion of Expign supplie                              | 2015  penditure es  YEAR  2015                  | \$ |      |        |
| Mailing Address  City Allentown  To Whom Paid Jenny's Gift Baske  Mailing Address  City Allentown  To Whom Paid | 801 Hamilton Street                      | State PA  State PA | 18101  Zip Code (Plus 4)          | Descrip Campai  MO  12  Descrip | 1 DAY  1 ation of Exp                                  | 2015  penditure es  YEAR  2015                  | \$ |      |        |
| Mailing Address  City Allentown  To Whom Paid Jenny's Gift Baske  Mailing Address  City Allentown  To Whom Paid | 801 Hamilton Street ets 1301 Roth Avenue | State PA  State PA | 18101  Zip Code (Plus 4)          | Descrip Campai                  | 1 DAY  1 btion of Exp ign supplie                      | 2015  Penditure es  YEAR  2015  Penditure esket | \$ |      |        |

|  |                     |   |                                   |    |                             |           | PAG | E 16   |
|--|---------------------|---|-----------------------------------|----|-----------------------------|-----------|-----|--------|
| <b>To Whom Paid</b><br>BJ's Wholesale Cl | ub                  |   |                                   | мо | DAY                         | YEAR      |     |        |
| Mailing Address                          | P.O. Box 847899     |   |                                   | 12 | 23                          | 2015      | \$  | 50.00  |
| <b>City</b> Boston                       |                     | State Zip Code (Plus 4) Description of Expenditure MA 02284 Membership dues |                                   |    |                             |           |     |        |
| To Whom Paid<br>AT&T                     |                     |   |                                   | МО | DAY                         | YEAR      |     |        |
| Mailing Address                          | 1906 MacArthur Roa  | ad  |                                   | 12 | 7                           | 2015      | \$  | 104.94 |
| <b>City</b> Whitehall                    |                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>18052 | 1  | otion of Exp                |           |     |        |
| <b>To Whom Paid</b><br>U. S. Postmaster  |                     |   |                                   | МО | DAY                         | YEAR      |     |        |
| Mailing Address                          | 442 Hamilton Stree  | 442 Hamilton Street   |                                   |    | 23                          | 2015      | \$  | 98.00  |
| <b>City</b> Allentown                    |                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 18101    | 1  | otion of Exp                |           |     |        |
| <b>To Whom Paid</b><br>Louie's Restaurar | it & Catering       |   |                                   | МО | DAY                         | YEAR      |     |        |
| Mailing Address                          | 2071 31st Street SV | N   |                                   | 12 | 8                           | 2015      | \$  | 60.04  |
| <b>City</b> Allentown                    |                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>18103 |    | otion of Exp                | penditure |     |        |
| <b>To Whom Paid</b><br>Louie's Restaurar | it & Catering       |   |                                   | МО | DAY                         | YEAR      |     |        |
| Mailing Address                          | 2071 31st Street SV | N   |                                   | 12 | 16                          | 2015      | \$  | 57.26  |
| <b>City</b> Allentown                    |                     | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 18103    | 1  | otion of Exp                | penditure |     |        |
| To Whom Paid<br>AT&T Wireless            |                     |   |                                   | МО | DAY                         | YEAR      |     |        |
| Mailing Address                          | P.O. Box 537104     |   |                                   | 12 | 16                          | 2015      | \$  | 63.01  |
| <b>City</b> Atlanta                      |                     | <b>State</b><br>GA  | <b>Zip Code (Plus 4)</b> 30353    | 1  | otion of Exp<br>one service |           |     |        |
|  |                     |   |                                   |    |                             |           |     |        |

| To Whom Paid CVS Pharmacy   | МО  | DAY                                       | YEAR                               |           |        |
|---|---|---|------------------------------------|-----------|--------|
| Mailing Address 3943 Route 309  | 12  | 8   | 2015                               | \$        | 12.00  |
| City Schnecksville State PA Zip Code (Plus 4) 18078   | Descrip   | otion of Exp                              |                                    |           |        |
| To Whom Paid Bell Hall  | мо  | DAY                                       | YEAR                               |           |        |
| Mailing Address 612 Hamilton Street   | 12  | 15  | 2015                               | \$        | 39.70  |
| City Allentown State Zip Code (Plus 4) PA 18101   | Descrip   | otion of Exp                              | penditure                          |           |        |
| To Whom Paid Bell Hall  | МО  | DAY                                       | YEAR                               |           |        |
| Mailing Address 612 Hamilton Street   | 12  | 15  | 2015                               | \$        | 500.00 |
| City Allentown State Zip Code (Plus 4)  | Descrip   | tion of Exp                               | enditure                           |           |        |
| PA 18101  |   | ign supplie                               |                                    |           |        |
| Alichtown   |   |   |                                    |           |        |
| PA 18101  To Whom Paid  | Campa   | ign supplie                               | es-Gift car                        |           | 20.00  |
| To Whom Paid Harrisburg Parking Authority   | мо 12   | DAY  10  ption of Exp                     | YEAR 2015                          | rds<br>\$ | 20.00  |
| To Whom Paid Harrisburg Parking Authority  Mailing Address 223 Walnut Street  City Harrisburg State Zip Code (Plus 4)   | MO 12 Descrip   | DAY  10  ption of Exp                     | YEAR 2015                          | rds<br>\$ | 20.00  |
| To Whom Paid Harrisburg Parking Authority  Mailing Address 223 Walnut Street  City Harrisburg PA Zip Code (Plus 4) 17101  To Whom Paid  | MO  12  Descrip   | DAY  10  ption of Exp                     | YEAR 2015 Denditure                | rds<br>\$ | 20.00  |
| To Whom Paid Harrisburg Parking Authority  Mailing Address 223 Walnut Street  City Harrisburg PA Zip Code (Plus 4) 17101  To Whom Paid Miyako   | MO  12  Descrip Parking  MO  12  Descrip                          | DAY  10  DAY                              | YEAR 2015 Denditure YEAR 2015      | s<br>\$   |        |
| To Whom Paid Harrisburg Parking Authority  Mailing Address 223 Walnut Street  City Harrisburg PA Zip Code (Plus 4) 17101  To Whom Paid Miyako  Mailing Address 227 No. 2nd Street  City Harrisburg State Zip Code (Plus 4) 2700 2700 2700 2700 2700 2700 2700 270                               | MO  12  Descrip Parking  MO  12  Descrip                          | DAY  10  DAY  A pation of Exp             | YEAR 2015 Denditure YEAR 2015      | s<br>\$   |        |
| To Whom Paid Harrisburg Parking Authority  Mailing Address 223 Walnut Street  City Harrisburg PA 227 No. 2nd Street  City Harrisburg State PA 227 No. 2nd Street  City Harrisburg Parking Address 227 No. 2nd Street  City Harrisburg Parking Address 227 No. 2nd Street  To Whom Paid PA 17101 | MO  12  Description MO  12  Description MO  12  Description Campa | DAY  10  DAY  7  Dition of Expiging lunch | YEAR 2015 Denditure 2015 Denditure | s<br>\$   |        |

| City Harrisburg  State PA  I7101  Description of Expenditure Campaign dinner  To Whom Paid Miyako  Mailing Address 227 No. 2nd Street  City Harrisburg  State PA  I7101  State PA  I7101  Description of Expenditure Campaign dinner  12 18 2015  State PA  I7101  Description of Expenditure Campaign lunch  To Whom Paid Ellwood & Company, P.C.  Mailing Address 435 Business Park Lane  I710 Codo (Plus 4)   | \$           | 25.84   |
|--|--------------|---------|
| City Harrisburg  State PA  17101  Description of Expenditure Campaign dinner  To Whom Paid Miyako  Mailing Address  227 No. 2nd Street  City Harrisburg  State PA  State PA  Zip Code (Plus 4)  12 18 2015  City Harrisburg  State PA  To Whom Paid PA  Ellwood & Company, P.C.  Mailing Address  435 Business Park Lane  To Whom Paid PA  Ellwood & Company, P.C.   |              |         |
| To Whom Paid Miyako  Mailing Address 227 No. 2nd Street  City Harrisburg  State PA  To Whom Paid Ellwood & Company, P.C.  Mo DAY  YEAR  Zip Code (Plus 4) Description of Expenditure Campaign lunch  To Whom Paid Ellwood & Company, P.C.  | \$           | 25.84   |
| To Whom Paid Miyako  Mailing Address 227 No. 2nd Street  City Harrisburg  State PA  PA  Zip Code (Plus 4) 17101  To Whom Paid Ellwood & Company, P.C.  Mo  Day  YEAR  Zip Code (Plus 4) 2015  To Whom Paid Ellwood & Company, P.C.  Mo  Day  YEAR  Zip Code (Plus 4) 2015  To Whom Paid | \$           | 25.84   |
| Miyako  Mailing Address 227 No. 2nd Street  City Harrisburg  State PA 2ip Code (Plus 4) Description of Expenditure Campaign lunch  To Whom Paid Ellwood & Company, P.C.  Mailing Address 435 Business Park Lane  12 31 2015  | \$           | 25.84   |
| City Harrisburg  State PA  To Whom Paid Ellwood & Company, P.C.  Mo DAY  Mo DAY  YEAR  All State PA  To Whom Paid Ellwood & Company, P.C.  Mo DAY  YEAR  To Walling Address 435 Business Park Lane  To Whom Paid Ellwood & Company, P.C.   | \$           | 25.84   |
| To Whom Paid Ellwood & Company, P.C.  Mailing Address 435 Business Park Lane  Tip Code (Plus 4)  |              |         |
| To Whom Paid Ellwood & Company, P.C.  Mailing Address 435 Business Park Lane  To Whom Paid Ellwood & Company, P.C.  To Whom Paid Ellwood & Company, P.C.  To Whom Paid Ellwood & Company, P.C.   |              |         |
| Ellwood & Company, P.C.  Mailing Address 435 Business Park Lane  12 31 2015  |              |         |
| 455 Dusiliess Falk Laile   |              |         |
| City State Zin Code (Plus 4)   | <b>\$</b> 2, | ,675.00 |
| City Allentown State Zip Code (Plus 4) Description of Expenditure  |              |         |
| PA 18109 Professional fees   |              |         |
| To Whom Paid Staples  MO DAY YEAR  |              |         |
| Mailing Address         P.O. Box 78004         12         31         2015  | \$           | 178.00  |
| City Phoenix State Zip Code (Plus 4) Description of Expenditure  |              |         |
| AZ 85062 Office supplies   |              |         |
| To Whom Paid Harrisburg Parking Authority  MO DAY YEAR   |              |         |
| Mailing Address 223 Walnut Street 12 21 2015   | \$           | 6.00    |
| City Harrisburg State Zip Code (Plus 4) Description of Expenditure   |              |         |
| PA 17101 Parking   |              |         |
| To Whom Paid Shula's Steak House   |              |         |
| Mailing Address         27 No. 7th Street - Suite 110         12         21         2015         2   | \$           | 85.00   |
| State Zin Code (Blue 4)  |              |         |
| City Allentown PA 18101 Description of Expenditure Campaign lunch  |              |         |
|  | PAGE TO      | TAL     |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.  \$  | \$ 8,6       | 629.99  |