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 9	940002	28				port ed B		CANI	DIE	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidat	e or Lo	bbyist:		BR	OWN	E, PA	T CITIZ	ZEN	IS FO	₹							
Street Address:	1111 N 1	1TH S	Т																
City:	WHITEHA	.LL							State:		PA			Zip Cod	le: 18	052			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	-PRIMARY PRIMARY					2. X	30 DA		P	OST-	3.		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of								TERMINA REPORT?	Yes	N	0	\							
report type)	ort type) ANNUAL REPORT 7. Year 2004 FILING METHOD () CHECK ONE							PAPER		\	DISK	ETTE							
Name of Office S	ought by Can	didate	:						DATE	OF	ELE	CTIO	N	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GE	ENERA	L ASSE	EMBLY					МО		DAY	YE	AR		STH	REF	•	39	
									1	11		2	2004		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DAY	YEA		۱.	•	МО		DAY		AR	FO	R OFFIC	E USE	ONLY		
-																			
	7 7																		
C. Total Funds Available (Sum Of Lines A and B) \$ 2,753.63 D. Total Expenditures (From Schedule III) \$ 285.39																			
-					- 6			\$					285.39						
F. Value Of In-						ulo T	T\	\$				2,4	68.24						
G. Unpaid Debt				•		uie I	<u>.,</u>	<u>\$</u> \$				2 (0.00						
•						בוח	Λ\/T		CTIO	NI.									
PART I - If this is	a Committee	repor	t, treas	surer sig							port, c	andi	date sig	ın here.					
I swear (or affirm)		t, includ	ding the	attached	schedul	es file	ed on	paper	or by ele	ectr	onic me	edium	, are to t	he best o	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before m	e this		20						-		s	ignature	of Perso	n Submitt	ing Re _l	ort		-
	- Sig	nature		_				- -		-				Prin	ted Name				-
My Commission Ex	_	,						Email											
	мо		DA	Y	Y	R					Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candic	date's a	authoriz	ed Com	mitte	ee, C	andid	ate sha	ıll s	ign he	re.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge and l	elief th	is poli	itical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me day of	this		20									Si	ignature o	f Candida	ite			_
				. <u></u>				-						Printe	d Name				-
My Commission Exp	Signat	ture						-		-				Ema	il				-
·								-											-
	МО)	DA	Υ	Y	'R					Area	Code		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
BROWNE, PAT CITIZENS FOR	From:	То:	4/12/2004
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)	_	\$	200.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting	Period (2)	\$	200.00
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)		\$	1,000.00
TOTAL for the Reporting	Period (3)	\$	1,000.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	1,200.00

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, PAT CITIZENS FOR	From:	To:	4/12/2004
	DATE		AMOUNT

Full Name of Contributing Committee HOLSTON & CRISCI PAC	-					
Mailing Address 200 NO. 3RD STREET; SUITE 400						\$ 200.00
City HARRISBURG	State	Zip Code (Plus 4)	3	19	2004	
	PA	17101				

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

PAGE TOTAL \$ 200.00

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 Commit	tee or Candidate		Rep					
			From: T			o:		
					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 CITIZENS FOR			Fron	m:		То	:	<u>4/12/2004</u>
				D/	ATE		АМС	DUNT
Full Name of Contributor JOHN F. BRINSON				МО	DAY	YEAR		
Mailing P.O. BOX 713							\$	1,000.00
City ALLENTOWN	State	Zip Code (Plus	s 4)	4	9	2004		
	PA	181050713						
Employer Name ALLENTOWN RACQUE	TBALL & FIT.			Occupat	t ion E	XECUTI	VE	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code	(Plus 4)
601 UNION STREET		ALLENTO	NWN		PA		18102	
Enter Grand Total of Part C on Sche	dule I. Detailed Su	mmarv Page.	Section	on 3.			PAG	GE TOTAL
							•	1,000.00

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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Period		
BROWNE, PAT CITIZENS FOR	From:	To:	4/12/2004
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 Candi	date		Reportin	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 Section 2.	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
5551511 21						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				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			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
BROWNE, PAT CITIZENS FOR			From			То:	4/12/2004
				AMOUNT			
To Whom Paid PATRICK M. BROWNE			мо	DAY	YEAR		
Mailing Address 1600 LEHIG	1	3	2004	\$	210.39		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	·	otion of Exp			
To Whom Paid ST. PATRICK'S DAY PARADE CO	OMMITTEE		МО	DAY	YEAR		
Mailing Address C/O 316 MU	JLBEERY STREET		1	3	2004	\$	75.00
City CATASAUQUA	State PA	Zip Code (Plus 4) 18032	Descrip PROGR	otion of Exp	penditure		
Enter Grand Total of Expend	ditures on Page 1, Re	eport Cover Page, Item [>.				PAGE TOTAL

285.39

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
BROWNE, PAT CITIZENS FOR			From: T			То:	4/12/2004	
					DATE			Outstanding Balance of Debt
Name of Creditor JAMES M. BROWNE				МО	DAY	YEAR		
Mailing Address 1124 MEADOWBROOK CIRCLE WEST				10	29	2002	\$	2,000.00
City ALLENTOWN	State PA	Zip Code (Pl 18103	us 4)	Description of Debt LOAN				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 2,000.00