Campaign Finance Report

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

Filer Identificat Number :	ion	94000)28			Repor Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing (Committee,	Candida	ite or Lo	obbyist:				TRICK C	ITIZEN	S FOF	2					
Street Address:	1111 N	N 11TH 9	ST													
City:	WHITE	HALL						State:	PA			Zip Co	de: 18	052		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3. X			AMENDMENT REPORT?		Yes	No	° √
(place X to	(place X to the right of 6TH TUESDAY PRE-ELECTION 4. 2ND FRIDAY PRE- ELECTION 5.					E- 5.	30 D ELEC	AY TION	POST-	POST- 6.		TERMIN REPORT		Yes	No	· ▼
report type)								NG METH CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by C	andidat	e:					DATE C	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
		051150						мо	DAY	YE	AR		STH	REP		39
REPRESENTATIVE IN THE GENERAL ASSEMBLY								11		2	2004		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			1 1		1	Ю	5	5 :	17	2004					
A. Amount Bro	ought Forwa	rd From	Last R	eport	•		\$;		2,4	68.24	1				
B. Total Monet	ary Contrib	utions A	nd Rec	eipts (Fror	n Sche	edule I)	\$	5	0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		2,4	68.24					
D. Total Expen	ditures (Fro	om Sche	dule II	[)			\$	5		1,3	40.05					
E. Ending Cash	n Balance (S	Subtract	Line D	From Line	C)		\$	5		1,1	28.19	-				
F. Value Of In-	Kind Contri	butions	Receive	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Oblig	gations	(From S	chedule I	/)		\$	5		2,0	00.00					
					AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Commit	tee repo	ort, trea	surer sign	here.	If this i	s a Ca	ndidate r	eport, c	andid	late sig	gn here.				
I swear (or affirm correct and compl		port, inclu	iding the	attached so	hedule	s filed or	n paper	or by elect	tronic m	edium,	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before day of	e me this		20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
		Signatur	e				_					Prir	ted Name			
My Commission E	xpires											Ema	il			
	M	0	D/	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of	f a cand	idate's	authorized	Comr	nittee, (Candio	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend		best of m	y knowle	dge and bel	ief this	s politica	l comn	nittee has r	not viola	ted any	/ provis	ions of th	e act of Ju	ine 3,19	937 (P.I	1333,
Sworn to and subso		me this									s	ignature	of Candida	ite		
day of 20							_					Printe	ed Name			
Signature							_									
My Commission Exp	pires											Ema	il			
		мо	D/	AY	YF	ł	_		Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BROWNE, PATRICK CITIZENS FOR From: To: 5/17/2004 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

PART B 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 Candidat	e		Rep	orting P	eriod			
			Fro	m:		Τα):	
					DATE			AMOUNT
Full Name of Contributor				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								

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		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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 C	andidate		Report	ting Perio	bd			
			From:			То:		
			I	D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	I				1			
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4			PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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 Period		
BROWNE, PATRICK CITIZENS FOR	From:	То:	<u>5/17/2004</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	Γ F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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	Name of Filing Committee or Candidate						
	From: To:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period					
						From: To:					
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(P	lus 4)							
Employer of Contributor	I		1			Occupat	tion	-			
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
				_						PAGE TOTAL	

- 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
BROWNE, PATRICK CITIZENS FOR			From			То:	<u>5/17/2004</u>
				DATE			AMOUNT
To Whom Paid PATRICK M. BROWNE			мо	DAY	YEAR		
Mailing Address 1600 LEHIGH PARK	WAY, EAST		4	22	2004	\$	1,200.00
City ALLENTOWN State Zip Code (Plus 4)				otion of Exp	penditure		
	РА	18103	REIMBU	JRSEMENT			
To Whom Paid PATRICK M. BROWNE			мо	DAY	YEAR		
Mailing Address 1600 LEHIGH PARK	WAY, EAST		4	22	2004	\$	140.05
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
	PA	18103	REIMBU	JRSEMENT			
			•				PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Repor	t Cover Page, Item D) .			\$	1,340.05

SCHEDULE IV 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, PATRICK CITIZENS FOR			From:			То:	To: <u>5/17/2004</u>	
				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