Campaign Finance Report

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

Filer Identificat	tion 2022	20228			Report		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST	
Number : Name of Filing	Committee, Candic	late or L	obbvist:		Filed E	-	FOR STAT	E SEN							
					BROWN										
Street Address	:														
City:	ALLENTOWN						State:	PA			Zip Co	de: 18	104-2	938	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes	No	° ▼
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	° ▼
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKI	TTE
Name of Office	 Sought by Candida	te:					DATE O	F ELEC	CTION	J	District Number	Office Code	Par	ty Code	County
							мо	DAY	YEA	٨R	14	STS	REF)	39
SENATOR IN T	THE GENERAL ASS	EMBLY					11		8	2022	·	(SEE INS	TRUCTI	ONS FOR	CODES)
	Summary of Receipts and MO DAY YEAR MO DAY YEAR						AR	FC	DR OFFIC	E USE	ONLY				
Expenditure	s from:		1 1	. 2	022 T	0	5		2	2022					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			i.	0.00					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;		26,37	75.00					
C. Total Funds	a Available (Sum O	f Lines A	and B)			\$;		26,37	75.00					
D. Total Exper	nditures (From Sch	edule II	I)			\$;		13,68	89.93					
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		\$			12,68	5.07	-				
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ots And Obligations	(From S	Schedule I\	/)		\$;		12,50	0.00					
				AFF	IDAVI	T SE	CTION								
PART I - If this	is a Committee rep	ort, trea	surer sign	here.	If this is	a Ca	ndidate re	eport, c	andida	ate sig	gn here.				
I swear (or affirm correct and comp	1) that this report, inc lete.	luding the	e attached so	hedule	s filed on	paper	or by elect	ronic me	edium, a	are to t	the best o	of my knov	vledge	and bel	ief , true
Sworn to and sub	scribed before me thi day of	s	20						Sig	gnature	e of Perso	on Submitt	ing Rep	oort	
	Signatu	Ire				-					Prin	ited Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR		_		Are	ea Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	s a report of a can	didate's	authorized	Comr	nittee, C	andid	late shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of I led.	my knowle	edge and bel	ief this	s political	comm	ittee has n	ot violat	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333,
Sworn to and subs	cribed before me this									s	ignature	of Candida	ite		
	day of					_					Printe	ed Name			
	Signature					_									
My Commission Ex	-										Ema	hil			
	мо	D	AY	YF	ł	-		Area Code Daytime Telephone Number							

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BROWNING FOR STATE SENATE	From:	<u>1/1/202</u>	2 <u>2</u> To:	<u>5/2/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	y Period	(1)	\$	475.00
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)			\$	1,150.00
TOTAL for the Reporting	g Period	(2)	\$	1,150.00
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)			\$	24,750.00
TOTAL for the Reporting	J Period	(3)	\$	24,750.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g 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			\$	26,375.00

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 Candidat	Name of Filing Committee or Candidate		Reporting Period					
			Fro	om:		То	1	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
			_					
Enter Grand Total of Part A on Sche	dule I, Detailed Sun	nmary Page, Se	ectio	n 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 Candidate		Repo	orting Po	eriod				
BROWNING FOR STATE SENATE		Fron		<u>1/1/</u>	2022 To):	: <u>5/2/2022</u> AMOUNT	
Full Name of Contributor								
Jeffrey J. Kelly			мо	DAY	YEAR			
Mailing Address					\$	100.00		
City Allentown State PA)	4	6	2022				
Full Name of Contributor Charles E. Mackenzie			мо	DAY	YEAR			
Mailing Address						\$	200.00	
City Allentown State PA	Zip Code (Plus 4) 18104)	4	6	2022			
Full Name of Contributor Dorothy J. Niklos			мо	DAY	YEAR			
Mailing Address						\$	100.00	
City Bath State PA	Zip Code (Plus 4) 18014)	4	6	2022			
Full Name of Contributor			мо	DAY	YEAR			
Roger C. Reis		-				\$		
Mailing Address City Macungie State	Zip Code (Plus 4)	4	6	2022	ş	250.00	
PA	18062							
Full Name of Contributor Vernon Scandola			мо	DAY	YEAR			
Mailing Address						\$	250.00	
City Allentown State PA	Zip Code (Plus 4) 18104)	4	6	2022	Ŧ	230.00	
Full Name of Contributor								
Joseph Facchiano			мо	DAY	YEAR			
Mailing Address					\$	250.00		
City Allentown State PA)	4	6	2022				
PA 18102 PAGE TOTAL								

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

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			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary 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				Repo	eporting Period					
BROWNING FOR STATE SENATE				From	1:	<u>1/1/2</u>	<u>022</u> To	: <u>5/2/2022</u>		
					DA	TE		A	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Scott Armstrong					MO	DAT	TEAR	\$	500.00	
Mailing Address					4	6	2022			
City Allentown	State	Zip Co	ode (Plus	4)		Ū				
	PA	1810	2							
Employer Name Self-Employed				Occupat	ion	Self-Em	ployed			
Employer Mailing Address/Principal Plac	e of Business	C	ity			State		Zip Cod	le (Plus 4)	
		A	llentown			PA		18102		
Full Name of Contributor					No	DAY	VEAD			
John R. Lovett					мо	DAY	YEAR	\$	2,000.00	
Mailing Address					4	15	2022			
City Allentown	State	Zip Co	ode (Plus	4)		15	2022			
	PA	1810	4							
Employer Name Retired					Occupat	ion	Retired			
Employer Mailing Address/Principal Plac	e of Business	С	ity			State		Zip Cod	le (Plus 4)	
		A	llentown			PA		18104		
Full Name of Contributor					NO	DAY	VEAD			
Full Name of Contributor Richard Plinke					мо	DAY	YEAR	\$	750.00	
								-	750.00	
Richard Plinke	State	Zip Co	ode (Plus	4)	мо 4	DAY 6	YEAR 2022	-	750.00	
Richard Plinke Mailing Address	State PA	Zip Co	-	4)				-	750.00	
Richard Plinke Mailing Address		-	-	4)		6		-	750.00	
Richard Plinke Mailing Address City Allentown	PA	18104	-	4)	4	6	2022		750.00	
Richard Plinke Mailing Address City Allentown Employer Name Retired	PA	1810	4	4)	4	6 ion	2022			
Richard Plinke Mailing Address City Allentown Employer Name Retired	PA	1810	4 lity	4)	4 Occupat	ion State PA	2022 Retired	Zip Cod 18104	le (Plus 4)	
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Place	PA	1810	4 lity	4)	4	ion State	2022	Zip Cod		
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Plac Full Name of Contributor	PA	1810	4 lity	4)	4 Occupat	ion State PA DAY	2022 Retired YEAR	Zip Cod 18104	le (Plus 4)	
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Plac Full Name of Contributor Sandra Hinkle	PA	1810 C A	4 lity		4 Occupat	ion State PA	2022 Retired	Zip Cod 18104	le (Plus 4)	
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Plac Full Name of Contributor Sandra Hinkle Mailing Address	PA	1810 C A	4 lity llentown ode (Plus		4 Occupat	ion State PA DAY	2022 Retired YEAR	Zip Cod 18104	le (Plus 4)	
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Plac Full Name of Contributor Sandra Hinkle Mailing Address	PA e of Business State	1810 C A Zip Cd	4 lity llentown ode (Plus		4 Occupat	ion State PA DAY 6	2022 Retired YEAR	Zip Cod 18104	le (Plus 4)	
Richard Plinke Mailing Address City Allentown Employer Name Retired Employer Mailing Address/Principal Place Full Name of Contributor Sandra Hinkle Mailing Address City Mailing Address City Macungie	PA e of Business State PA	1810 C A Zip Cd 1806	4 lity llentown ode (Plus		4 Occupat	ion State PA DAY 6	2022 Retired YEAR 2022	Zip Cod 18104 \$	le (Plus 4)	

Full Name of Contributor				мо	DAY	YEAR			12 500 00
Dean N. Browning				140	DAT	TEAN		\$	12,500.00
Mailing Address	ГГ			4	6	2022			
City Allentown	State	Zij	p Code (Plus 4)		-	-			
	PA	18	3104						
Employer Name Retired				Occupat	ion	Retired			
Employer Mailing Address/Principal Plac	e of Business		City		State		Zi	p Code (P	lus 4)
			Allentown		PA		18	3104	
Full Name of Contributor			-				T		
John Hinkle				мо	DAY	YEAR		\$	1,000.00
Mailing Address				4	6	2022			
City Macungie	State	Zij	p Code (Plus 4)	4	0	2022			
	PA	18	3062						
Employer Name Retired				Occupat	ion	Retired			
Employer Mailing Address/Principal Place of Business City			-	State		Zi	p Code (P	lus 4)	
Macungie				PA		18	3062		
Full Name of Contributor							T		
John Rabidou				мо	DAY	YEAR		\$	1,000.00
Mailing Address									
City Hondo	State	Zi	p Code (Plus 4)	4	5	2022			
	TX		8861						
Employer Name Self-Employed		70		Occupation Self-Employed					
Employer Mailing Address/Principal Plac	e of Business		City	Occuput	State	Sell-Lill	1	p Code (P	lue 4)
			Hondo	TX				3861	143 47
			TIOTIGO				70	5001	
Full Name of Contributor				мо	DAY	YEAR		\$	1,000.00
Cynthia McCracken				мо	DAY	YEAR		\$	1,000.00
Cynthia McCracken Mailing Address	(chota)	7:		мо 4	DAY	YEAR 2022		\$	1,000.00
Cynthia McCracken	State		p Code (Plus 4)					\$	1,000.00
Cynthia McCracken Mailing Address City Burke	State TX		p Code (Plus 4) 5941	- 4	1	2022			1,000.00
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed	ТХ		5941		ion s		plo	byed	-
Cynthia McCracken Mailing Address City Burke	ТХ		5941 City	- 4	ion State	2022	plo zi	yed p Code (P	-
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed	ТХ		5941	- 4	ion s	2022	plo zi	byed	-
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed	ТХ		5941 City	- 4 Occupat	ion state TX	2022 Self-Em	plo Zi	oyed p Code (P 5941	lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM	ТХ		5941 City	- 4	ion State	2022	plo Zi	yed p Code (P	-
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address	ТХ	75	5941 City Burke	- 4 Occupat	ion state TX	2022 Self-Em	plo Zi l 75	oyed p Code (P 5941	lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM	TX Se of Business	75 Zij	5941 City Burke p Code (Plus 4)	A Occupat	ion g State TX DAY	2022 Self-Em YEAR	plo Zi l 75	oyed p Code (P 5941	lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan	TX	75 Zij	5941 City Burke	MO 4	ion g State TX DAY	2022 Self-Em YEAR 2022	plo Zi 75	oyed p Code (P 5941 \$	lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed	TX re of Business State TX	75 Zij	5941 City Burke p Code (Plus 4)	A Occupat	ion g State TX DAY	2022 Self-Em YEAR	plo Zij 75	yed p Code (P 5941 \$	lus 4) 1,000.00
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan	TX re of Business State TX	75 Zij	5941 City Burke p Code (Plus 4)	MO 4	ion g State TX DAY	2022 Self-Em YEAR 2022	plo Zij 75	oyed p Code (P 5941 \$	lus 4) 1,000.00
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed	TX re of Business State TX	75 Zij	5941 City Burke p Code (Plus 4) 7802	MO 4	ion state TX DAY 5	2022 Self-Em YEAR 2022	plo zi 75	yed p Code (P 5941 \$	lus 4) 1,000.00
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed	TX re of Business State TX	75 Zij	5941 City Burke P Code (Plus 4) 7802 City	MO 4 Occupat	ion state TX DAY 5 ion s State TX	2022 Self-Em 2022 Self-Em	plo zi 75 plo zi 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place	TX re of Business State TX	75 Zij	5941 City Burke P Code (Plus 4) 7802 City	MO 4	ion 9 State TX DAY 5 ion 9 State	2022 Self-Em YEAR 2022	plo zi 75 plo zi 77	pyed p Code (P 5941 \$ pyed p Code (P	lus 4) 1,000.00
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor	TX re of Business State TX	75 Zij	5941 City Burke P Code (Plus 4) 7802 City	MO 4 Occupat	ion 9 State TX DAY 5 ion 9 State TX DAY	2022 Self-Em 2022 Self-Em	plo zij 75 zij 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Phil Casdorph	TX re of Business State TX	75 Zil	5941 City Burke P Code (Plus 4) 7802 City	MO 4 Occupat	ion state TX DAY 5 ion s State TX	2022 Self-Em 2022 Self-Em	plo zij 75 zij 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Phil Casdorph Mailing Address	TX e of Business State TX e of Business	75 Zij 77	5941 City Burke p Code (Plus 4) 7802 City Bryan	MO 4 Occupat	ion 9 State TX DAY 5 ion 9 State TX DAY	2022 Self-Em 2022 Self-Em	plo zij 75 zij 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Phil Casdorph Mailing Address	TX Se of Business State TX State State	75 Zij 77	5941 City Burke P Code (Plus 4) 7802 City Bryan	MO 4 Occupat	ion state TX 5	2022 Self-Em 2022 Self-Em	plo zij 75 iplo zij 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4)
Cynthia McCracken Mailing Address City Burke Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Renee Lara DVM Mailing Address City Bryan Employer Name Self-Employed Employer Mailing Address/Principal Place Full Name of Contributor Phil Casdorph Mailing Address City Chino Valley	TX State TX State X State X AZ	75 Zij 77	5941 City Burke P Code (Plus 4) 7802 City Bryan	MO 4 Occupat	ion state TX 5	2022 Self-Em 2022 Self-Em YEAR 2022	plo zi pplo zi 75 zi 75 77	yed p Code (P 5941 \$ yed p Code (P 7802	lus 4) 1,000.00 lus 4) 1,000.00

Full Name of Contributor										
Sharon Fitzpatrick				мо	DAY	YEAR	\$	1,000.00		
Mailing Address							1			
City Essex	State	Zi	p Code (Plus 4)	- 4	5	2022				
			935							
Employer Name Self-Employe				Occupat	Occupation Self-Employed					
			City		1	Sell-Lill	Zip Code (Plus 4)			
Employer Mailing Address/Prin	cipal Place of Business		City		State		•	e (Plus 4)		
			Essex		IL		60935			
Full Name of Contributor				мо	DAY	YEAR		1 000 00		
Patricia Browning Martin					DAT		\$	1,000.00		
Mailing Address				4	10	2022				
City Lebanon	State	Zir	p Code (Plus 4)		10					
	I _{KY}	40	033							
Employer Name Retired				Occupat	ion:	Retired				
Employer Mailing Address/Prin	cipal Place of Business		City	State Zip Code (Plus 4				e (Plus 4)		
			Lebanon		KY			40033		
Full Name of Contributor										
Terry Chandler				мо	DAY	YEAR	\$	1,000.00		
Mailing Address						2022				
City Las Cruces	State	Zi	p Code (Plus 4)	- 4	5	2022				
	INM	88	8011							
Employer Name Self-Employe	ed			Occupat	ion	Self-Em	ployed			
Employer Mailing Address/Prin			City		State		Zip Code	e (Plus 4)		
			Las Cruces		NM		88011			
							P/	AGE TOTAI		
Enter Grand Total of Part C	on Schedule I, Detaile	d Sumn	nary Page, Secti	ion 3.			P/	AGE TOTAL		

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 Candidat	e		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description						•	-		
			o					PAGE TO	TAL
Enter Grand Total of Part E on Sche	duie I, Detailed	Summary Page,	Section	4.			\$		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		
BROWNING FOR STATE SENATE	From:	<u>1/1/2022</u> To:	<u>5/2/2022</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	ſF)		
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			Reporting	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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>
						\$		0.00

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

Name of Filing Committee or Candidate				Rep	orting F	Period		
				Fron	n:		То:	
						DATE		AMOUNT
Full Name of Contributor					мо	DAY	YEAR	
Mailing Address								\$ 0.0
City	State	Zip Code(Plus	5 4)					
Employer of Contributor					Occupa	tion		
Employer Mailing Address/Principal Plac	e of Business	City	S	State	Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contribution	s Det	aileo	1			PAGE TOTAL 0.0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
BROWNING FOR STATE SENATE			From	<u>1/</u>	1/2022	То:	<u>5/2/2022</u>		
				AMOUNT					
To Whom Paid			мо	DAY	YEAR				
Checkmate Strategies			no						
Mailing Address			4	4	2022	\$	1,220.00		
City Jackson	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	Ŋ	08527	Palm Cards						
To Whom Paid			мо	DAY	YEAR				
Checkmate Strategies									
Mailing Address			4	20	2022	\$	1,787.50		
City Jackson	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	NJ	08527	Website Display						
To Whom Paid			мо	DAY	YEAR				
Checkmate Strategies						\$	318.00		
Mailing Address			4	25	2022	,	518.00		
CityJacksonStateZip Code (Plus 4)			Description of Expenditure						
NJ 08527			Design Work						
To Whom Paid			мо	DAY	YEAR				
Rhodes Consulting									
Mailing Address			4	13	2022	\$	1,236.71		
City Denver State Zip Code (Plus 4)			Description of Expenditure						
CO 80205			Website Design						
To Whom Paid			мо	DAY	YEAR				
Allegra Printing									
Mailing Address			4	4	2022	\$	810.09		
City Allentown	State	te Zip Code (Plus 4) Description of I			enditure				
	РА	18109	Letterhead and Envelopes						
To Whom Paid			мо	DAY	YEAR				
Campaign Sidekick									
Mailing Address			5	2	2022	\$	236.13		
City Aledo	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	ТХ	76008	Phone Usage						

To Whom Paid			мо	DAY	YEAR				
USPS			MO		TEAR				
Mailing Address			4	21	2022	\$	5,080.00		
City Bethlehem State Zip Code (Plus 4)			Description of Expenditure						
PA 18017				Postage					
To Whom Paid			мо	DAY	YEAR				
USPS									
Mailing Address			4	4	2022	\$	1,624.00		
City Bethlehem State Zip Code (Plus 4)			Description of Expenditure						
	РА	18017	Postage						
To Whom Paid			мо	DAY	YEAR				
Commonwealth of PA			ne						
Mailing Address			3	22	2022	\$	100.00		
City Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA	17120	Filing Fee						
To Whom Paid				DAY	YEAR				
Capital Promotions			мо						
Mailing Address			4	5	2022	\$	1,157.52		
City Glenside	City Glenside State Zip Code (Plus 4)			Description of Expenditure					
PA 19038				Yard Signs					
To Whom Paid			мо	DAY	YEAR				
Network Solutions									
Mailing Address			4	4	2022	\$	19.98		
City New York	State	Zip Code (Plus 4)	Description of Expenditure						
	NY	10017	Domain Name						
To Whom Paid			мо	DAY	YEAR				
Allentown Crime Watch			ne						
Mailing Address			4	8	2022	\$	100.00		
City Allentown	ntown State Zip Code (Plus 4) Description of Expenditure								
	PA	18102	Catalog Ad						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL			
Liner Grand Total of Experionales on Page 1, Report Cover Page, Item D.					\$	13,689.93			

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					
BROWNING FOR STATE SENATE			From:	<u>1/1/2022</u> To:			<u>5/2/2022</u>	
· · · · ·				DATE			Outstanding Balance of Debt	
Name of Creditor Dean N. Browning				мо	DAY	YEAR		
Mailing Address				3	28	2022	\$	12,500.00
City Allentown	State	Zip Code (P	lus 4)	Description of Debt				
PA 18104 Loan to Campaign Com				Commi	ttee			
							PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	12,500.00	