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	20220	C0719				eport led B		CANDI	IDATE	√	со	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Ca	andida	ite or Lo	obbyist:		BRO	OWN	E, PA	TRICK M									
Street Address:																		
City:				,					State:				Zip Code	: 18	102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL REF	PORT	7.	Year 2022					IG METH				PAPER		√	DISKE	TTE	
Name of Office S	ought by Car	ndidat	æ:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- ,								мо	DAY	YEAR	2	16	STS	REP		39	
SENATOR IN TH	1E GENERAL	. ASSE	MBLY					Ì	11		8 2	022		(SEE INS	TRUCTI	ONS FOR C	CODES	,
Summary of		nd	МО	DAY	YEAR	Ł			МО	DAY	YEAR	2	FOR	FOR OFFICE USE ONLY				
Expenditures	from:			1 1	21	022	<u>2</u> T	0	5	5	2 2	022						
A. Amount Bro	ught Forward	d From	ı Last R	eport				\$			0	0.00						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$			C	0.00						
D. Total Expend	ditures (Fron	n Sche	dule II	(1)				\$			364	.35						
E. Ending Cash	Balance (Su	btract	Line D	From Line C	2)			\$			(364.	35)						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From Sc	:hedu	le I	.I)	\$			0	.00						
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV))			\$			0	.00		1				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		-	•	_						•		_						
I swear (or affirm) correct and comple		rt, inclu	ıding the	attached sch	edules	s file	ed on	paper o	or by elect	tronic m	edium, ar	e to t	he best of r	my know	ledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before n	ne this		20				_			Sign	ature	of Person	Submitti	ing Rep	oort		-
	Si	ignatur	e					_					Printe	d Name				-
My Commission Ex								_					Email					_
	МО		DA	1Y	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		st of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee has r	ot viola	ted any p	rovisi	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this										Si	ignature of	Candida	te			-
	day of ————————————————————————————————————							_					Printed	Name				-
	Sign	ature						-										_
My Commission Exp	_												Email					
	м	10	Di	AY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	- ا

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BROWNE, PATRICK M	From:	1/1/202	<u>2</u> To:	<u>5/2/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)	-		\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
			ı	
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			From: To:				:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Ca	ndidate	Name of Filling Committee of Candidate			Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
					1				

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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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		Report	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	I	
BROWNE, PATRICK M	From:	<u>1/1/2022</u> To:	5/2/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period			
BROWNE, PATRI	СК М			From	1/	1/2022	То:	5/2/2022
					DATE			AMOUNT
To Whom Paid AT&T				МО	DAY	YEAR		
Mailing Address	PO Box 537104			1	24	2022	\$	109.38
City Atlanta		State	Zip Code (Plus 4)	Descri	ption of Exp	enditure	I	
		GA	30353	campa	ign phone			
To Whom Paid AT&T				мо	DAY	YEAR		
Mailing Address	PO Box 537104	537104			24	2022	\$	84.99
City Atlanta		State	Zip Code (Plus 4)	Descri	ption of Exp	enditure		
		GA	30353	campa	ign phone			
To Whom Paid AT&T				мо	DAY	YEAR		
Mailing Address	PO Box 537104			3	24	2022	\$	84.99
City Atlanta		State	Zip Code (Plus 4)	Descri	ption of Exp	enditure	ı	
		GA	30353	campa	ign phone			
To Whom Paid AT&T				мо	DAY	YEAR		
Mailing Address	PO Box 537104			4	24	2022	\$	84.99
City Atlanta		State	Zip Code (Plus 4)	Descri	tion of Exp	l penditure	l	
Acianta		GA	30353	1	ign phone			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

364.35

\$