### **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	2022	C0492			_	port ed B		CANDI	DATE	<b>✓</b>	CC	DMMITTEE LOBBYIST						
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		DEA	AN N	. BRO	WNING										
Street Address:																			
City:	_								State:				Zip Code	e: 18	104-2	938			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/	
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No	•	/	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG METH				PAPER DISK				TTE		
Name of Office S	ought by	Candidat	te:	-					DATE C	F ELE	CTIO	1	District Number	Office Code	Par	ty Code	Count	ty	
GENIATOR IN T	IE OENE		-14511/						МО	DAY	YE	\R	14	STS	REP				
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		8	2022		(SEE IN	STRUCTIO	ONS FOR (	ODES)		
Summary of		and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FOR	OFFIC	E USE	ONLY			
Expenditures	from:			3 29	2	022	<b>T</b>	0	5	5	2	2022							
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$				0.00							
B. Total Moneta	ary Contr	ibutions <i>l</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$			12,50	0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line C	<b>:</b> )			\$		(	12,500	0.00)							
F. Value Of In-	Kind Con	tributions	Receiv	ed (From Sc	hedu	le I	I)	\$				0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00			•				
					AFF	ΊD	AVI	T SE	CTION										
PART I - If this is		-	•	-						•									
I swear (or affirm) correct and complete		eport, incl	uding the	attached sch	edules	file	ed on	paper o	or by elect	tronic m	edium,	are to 1	the best of	my knov	vledge a	and beli	ef , tru	ie,	
Sworn to and subs	cribed befo	ore me this	:	20							Si	gnature	of Person	Submitt	ing Rep	ort		_	
	_	Signatu	re					-					Printe	ed Name	1			-	
My Commission Ex	cpires												Email					-	
		мо	D	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized (	Comn	nitte	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	,	
Sworn to and subsc		re me this										s	ignature of	Candida	ate			-	
	day of —							-					Printed	Name				-	
		Signature						-					. /					_	
My Commission Exp		-											Email						
	_	МО	D	AY	YR			•		Area	Code		Day	time To	elephon	e Numb	er	•	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DEAN N. BROWNING	From:	3/29/202	<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	) 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			\$	0.00

#### **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 o	r Candidate	F	Reporting Period						
		F	rom:		То	I			
		•		DATE			AMOUNT		
Full Name of Contributing Con	mmittee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

### 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 Committe	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
							_	0.00
Mailing Address						1	\$	0.00
Mailing Address City	State	Zip Code (Plus 4)	)				A	0.00

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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Perio	d							
DEAN N. BROWNING	From:	3/29/2022 <b>To</b> :	<u>5/2/2022</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate			Reporting Period					
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
DEAN N. BROWNING	From	3/29/2022	То:	5/2/2022		

					DATE			AMOUNT
To Wh	om Paid			мо	DAY	YEAR		
BROW	NING FOR STATE SENATE			МО	DAI	ILAK		
Mailing Address			4	6	2022	\$	12,500.00	
City	ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	181042938	LOAN T	O CAMPAI	GN COMM	1ITTEE	
								PAGE TOTAL
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							12,500.00