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 2022	C0492			Report Filed B		CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST		
Name of Filing (Committee, Candid	ate or Lo	obbyist:	I	DEAN N	. BRC	DWNING									
Street Address:																
City:							State:				Zip Code: 18104-2938					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X		D DAY POST- 3. AMENDMEN RIMARY REPORT?					ENT	Yes	Nc	 Image: A start of the start of	
(place X to the right of							POST-	6.		TERMINA REPORT?	TION	Yes	Nc	\checkmark		
report type) ANNUAL REPORT 7. Year 2022 FILING METHOD () CHECK ONE								PAPER		\checkmark	DISKE	TTE				
Name of Office S	⊥ Sought by Candida	te:					DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code	
SENATOR IN T	HE GENERAL ASSI	EMBLV					мо	DAY	YEA	R	14	STS	REP			
SENATOR IN T	HE GENERAL ASSI						11		8	2022]	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE/	R	FOI		E USE	ONLY		
Expenditures	s from:		3 29	20	022 T	0	5		2	2022						
A. Amount Bro	ought Forward From	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Scheo	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)			\$			12,50	0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		(12,500	0.00)						
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedul	e II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00						
				AFF	IDAVI	ΓSE	CTION									
	s a Committee rep										-					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	5	20						Sig	Inatur	e of Person	Submitt	ing Rep	ort		
	Signatu	re				-					Print	ed Name				
My Commission E	xpires					_					Email					
	МО	D/	AY	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber		
	a report of a cand) that to the best of n ed.				•			•		provis	ions of the	act of Ju	ine 3,19	937 (P.L	1333,	
Sworn to and subse	cribed before me this		20							s	ignature of	f Candida	te			
	day of					-					Printed	i Name				
My Commission Exp	Signature					-		Email								
	МО	D	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DEAN N. BROWNING From: <u>3/29/2022</u> To: 5/2/2022 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			Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		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			orting P	eriod	_			
			Fro	m:		Тс):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Cand	Name of Filing Committee or Candidate			g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			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	led 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 Candidat	e		Report	ing Perio	bd				
			From:			То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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		
DEAN N. BROWNING	From:	<u>3/29/2022</u> то:	<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 PAR	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	Name of Filing Committee or Candidate Re			Period			
Fi						То:	
				DATE		АМС	DUNT
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	5	0.00

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

Name of Filing Committee or Candidate				Reporting Period						
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
DEAN N. BROWNING	From	<u>3/29</u>	То:	<u>5/2/2022</u>								
				DATE			AMOUNT					
To Whom Paid BROWNING FOR STATE SENATE			мо	DAY	YEAR							
Mailing Address 2432 W. CONGRES	S STREET		4	6	2022	\$	12,500.00					
City ALLENTOWN	State PA	Zip Code (Plus 4) 181042938		otion of Exp TO CAMPAI								
	D 4 - D						PAGE TOTAL					
Enter Grand Total of Expenditures	on Page 1, Rep	oort Cover Page, Item L				\$	12,500.00					