Campaign Finance Report

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

						ort ed B		CANDI	DATE		соми	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		BRO	WN	ING F	OR STAT	TE SEN	ATE							
Street Address:	2432 W. CON	IGRESS	STREET														
City:	ALLENTOWN							State:	PA			Zip Code: 18104-2938					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.				30 DA PRIMA		POST-				1ENT ?	Yes	No	•		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION				30 DA ELECT	'	POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2022		FILING METHO () CHECK ON									/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-	DATE OF ELECT					CTIO	N	District Number	Office Code	Par	ty Code	Count	ty	
	,							МО	DAY	YE	AR	14	STS	REP		39	
SENATOR IN TH	HE GENERAL ASS	EMBLY						11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	CODES)	
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		5 3	20)22	Т	0	6	5	6	2022						
A. Amount Bro	ught Forward Fro	n Last R	eport				\$	-		12,6	85.07						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	hec	dule	I)	\$			43,0	50.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			55,7	735.07						
D. Total Expend	ditures (From Sch	edule II	I)				\$			30,7	12.60						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			25,0	22.47]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			50,0	00.00						
			А	(FF	IDA	١٧٢	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	ndidate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	ules	filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	ie,
Sworn to and subs	cribed before me thi day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					- -					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief	this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this								Signature of Candidate							-	
	day of						-					Printe	ed Name				-
My Commission F	Signature						-		Email						-		
My Commission Exp	ures						_										
	МО	D	AY	YR			-		Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period									
BROWNING FOR STATE SENATE	From:	5/3/2022	<u>2</u> To:	6/6/2022							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	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)	\$	50.00									
TOTAL for the Reporting	\$	50.00									
3. Contributions Received Over \$250.00 (From Part C and Part D)											
Contributions Received From Political Committees (Part C)			\$	2,500.00							
All Other Contributions (Part D)			\$	40,500.00							
TOTAL for the Reporting) Period	(3)	\$	43,000.00							
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	43,050.00							

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 Candidate			Reporting Period						
		-1	From:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			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 Committee or Candidate

Reporting Period

BROWNING FOR STATE SENATE

From: $\frac{5/3/2022}{}$ To:

DATE

6/6/2022

AMOUNT

Full Name of Contributor Paul J. Cmil					DAY	YEAR	
Mailing Address 525 2nd Street, Apt. 12						\$ 50.00	
City	Catasauqua	State	Zip Code (Plus 4)	5	16	2022	
		PA	18032				

PAGE TOTAL

\$ 50.00

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						
BROWNING FOR STATE SENATE	From:	5/3/2022	То:	6/6/2022			

DATE AMOUNT

Full Name of Contributing Committee			мо	DAY	YEAR	
ARGALL, DAVID VOLUNTEERS FOR						\$ 2,500.00
Mailing Address PO BOX 241			5	25	2022	_,
City TAMAQUA	State	Zip Code (Plus 4)			2022	
	PA	18252-0000				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 2,500.00

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	ame of Filing Committee or Candidate				orting Pe	riod			
BROWNING FOR STATE SENATE				Fron	n:	<u>5/3/2</u>	<u>022</u> To):	6/6/2022
					D.A	ATE		АМ	OUNT
Full Name of Contributor					мо	DAY	YEAR		1 000 00
Nat L. Hyman					140	DAI	ILAK	\$	1,000.00
Mailing Address 2844 Chew Street					5	27	2022		
City Allentown	State	Zip	Code (Plus	4)					
	PA	18	104						
Employer Name Hyman Group					Occupat	ion	CEO		
Employer Mailing Address/Principal Place of Business City					State		Zip Code	(Plus 4)	
727 N. Meadow Street Allentown					PA		18102		
Full Name of Contributor					мо	DAY	YEAR		
Scott Armstrong					1-10	DAI	ILAK	_ \$	500.00
Mailing Address 1516 W. Turner Str	eet				5	30	2022		
City Allentown	State	Zip	Code (Plus	4)					
	PA	18	102						
Employer Name Self-Employed					Occupat	ion	Self-Em	ployed	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	(Plus 4)
1516 W. Turner Street			Allentown			PA		18102	
Full Name of Contributor							V=15		
John Hinkle					МО	DAY	YEAR	 \$	750.00
Mailing Address 5106 Woodmont Cir	·cle				5	30	2022		
City Macungie	State	Zip	Code (Plus	4)		30	2022		
	PA	18	062						
Employer Name retired					Occupat	ion	Retired		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	(Plus 4)
5106 Woodmont Circle			Macungie			PA		18062	
Full Name of Contributor									
Sandy Hinkle					МО	DAY	YEAR	\$	750.00
Mailing Address 5106 Woodmont Cir	·cle				5	30	2022		
City Macungie	State	Zip	Code (Plus	4)]]	30	2022		
	PA	18	062				<u> </u>	1	
Employer Name Retired				Occupation Retired					
mployer Mailing Address/Principal Place of Business City			State Zip Code		(Plus 4)				
106 Woodmont Circle Macungie				18062					

Full Name of Contributor				МО	DAY	YEAR	\$ 37,500.00	
Dean N. Browning							37,300.00	
Mailing Address 2432 W. Congress Street			7	19	2022			
City Allentown	State	Zip Code (Plus	4)		19	2022		
	PA	18104					1	
Employer Name Retired				Occupation Retired				
Employer Mailing Address/Principal Place of Business City				State			Zip Code (Plus 4)	
2432 W. Congress Street Allentown				PA			18104	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$ 40,500.00	

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:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description		.			•	•		
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, 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 Period		
BROWNING FOR STATE SENATE	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Ca	lame of Filing Committee or Candidate				Reporting Period					
	From:			То:						
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•	-								
Enter Grand Total of Part F	on Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ige,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	Reporting Period						
			Fro	m:	:			То:		
					DATE			AMOUNT		
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								<u> </u>	\$ 0	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business City Sta					e Zij	p Code(Plus 4)	Descr	ipti	ion of Contribution	n
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed						PAGE TOTAL				
Summary Page, Section 3.					0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
BROWNING FOR STATE SENATE	From	5/3/2022	То:	6/6/2022			

				DATE		AMOUNT				
To Whom Paid			МО	DAY	YEAR					
U. S. Post Office			1-10							
Mailing Address 17 S. Commerce Way			5	4	2022	\$	2,750.00			
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	18017	Postage							
To Whom Paid			мо	DAY	YEAR					
U. S. Post Office			140		ILAK					
Mailing Address 17 S. Com	nmerce Way		5	9	2022	\$	2,350.00			
City Bethlehem State Zip Code (Plus 4)			Description of Expenditure							
PA 18017				Postage						
To Whom Paid			МО	DAY	YEAR					
Allegra Printing			140	DAI	ILAK					
Mailing Address 709 Roble	Road		5	26	2022	\$	375.69			
City Allentown State Zip Code (Plus 4) PA 18109			Descrip	Description of Expenditure						
			Letterh	Letterhead						
To Whom Paid				l nav	VEAD					
Allegra Printing			МО	DAY	YEAR					
Mailing Address 709 Roble	Road		5	26	2022	\$	99.64			
City Allentown	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	18109	Business Cards							
To Whom Paid			,,,	DAY	YEAR					
Campaign Sidekick			МО	DAT	TEAR					
Mailing Address 1550 Old A	Annetta		6	4	2022	\$	217.82			
City Aledo	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>				
	TX	76008	VoIP Phone Minutes							
To Whom Paid			Mo	DAY	VEAD					
Checkmate Strategies			МО	DAY	YEAR					
Mailing Address 5 Banyan	Court		5	10	2022	\$	3,000.00			
City Jackson State Zip Code (Plus 4)			Description of Expenditure							
NJ 08527		Digital /								
113										

To Whom Paid			МО	DAY	YEAR			
Checkmate Strategies			1-10		ILAK			
Mailing Address 5 Banyan Court			5	14	2022	\$	1,127.50	
City Jackson	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	NJ 08527			Text Messaging				
To Whom Paid			мо	DAY	YEAR			
Checkmate Strategies			140		ILAK			
Mailing Address 5 Banyan Court			5	16	2022	\$	270.05	
City Jackson State Zip Code (Plus 4)			Description of Expenditure					
	NJ 08527			I				
To Whom Paid				DAY	YEAR			
Checkmate Strategies			МО		ILAK			
Mailing Address 5 Banyan Court			5	20	2022	\$	19,201.90	
City Jackson State Zip Code (Plus 4)			Description of Expenditure					
	NJ	08527	Direct Mail					
To Whom Paid			мо	DAY	YEAR			
Checkmate Strategies			110					
Mailing Address 5 Banyan Court			5	13	2022	\$	1,320.00	
City Jackson State Zip Code (Plus 4)			Description of Expenditure					
	NJ	08527	Poll Har	ndouts				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Kepo	rt Cover Page, Item D	•			\$	30,712.60	

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			Reportir	ing Period					
BROWNING FOR STATE SENATE From:					<u>5/3/2022</u> To:			6/6/2022	
•					DATE Outstanding Balance of Debt				
Name of Creditor Dean N Browning					DAY	YEAR			
Mailing Address 2432 W. Congress Street					19	2022	\$	37,500.00	
City Allentown	State	Zip Code (P	Code (Plus 4) Description of Debt						
	PA 18104 Loan to				Campaign	n Committee			
Name of Creditor Dean N Browning				мо	DAY	YEAR			
Mailing Address 2432 W. Congress Street					19	2022	\$	12,500.00	
City Allentown	State	Zip Code (P	lus 4)	us 4) Description of Debt					
	PA	18104	Loan to Campaign Committe				ittee		
							PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$ 50,000.0		