

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 20220228		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: BROWNING FOR STATE SENATE										
Street Address: 2432 W. CONGRESS STREET										
City: ALLENTOWN			State: PA		Zip Code: 18104-2938					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
SENATOR IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	14	STS	REP	39
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	3	2022	TO	6	6	2022		
A. Amount Brought Forward From Last Report				\$		12,685.07				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		43,050.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		55,735.07				
D. Total Expenditures (From Schedule III)				\$		30,712.60				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		25,022.47				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		50,000.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
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 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 Period (2)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 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
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City				
State				
Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
BROWNING FOR STATE SENATE	From: <u>5/3/2022</u> To: <u>6/6/2022</u>

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

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

PAGE TOTAL
\$ 50.00

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 BROWNING FOR STATE SENATE	Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>
---	--

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

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

PAGE TOTAL
\$ 2,500.00

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 BROWNING FOR STATE SENATE	Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>
---	--

	DATE			AMOUNT
Full Name of Contributor Nat L. Hyman	MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2844 Chew Street	5	27	2022	
City Allentown State PA Zip Code (Plus 4) 18104				
Employer Name Hyman Group	Occupation CEO			
Employer Mailing Address/Principal Place of Business 727 N. Meadow Street	City Allentown		State PA	Zip Code (Plus 4) 18102
Full Name of Contributor Scott Armstrong	MO	DAY	YEAR	\$ 500.00
Mailing Address 1516 W. Turner Street	5	30	2022	
City Allentown State PA Zip Code (Plus 4) 18102				
Employer Name Self-Employed	Occupation Self-Employed			
Employer Mailing Address/Principal Place of Business 1516 W. Turner Street	City Allentown		State PA	Zip Code (Plus 4) 18102
Full Name of Contributor John Hinkle	MO	DAY	YEAR	\$ 750.00
Mailing Address 5106 Woodmont Circle	5	30	2022	
City Macungie State PA Zip Code (Plus 4) 18062				
Employer Name retired	Occupation Retired			
Employer Mailing Address/Principal Place of Business 5106 Woodmont Circle	City Macungie		State PA	Zip Code (Plus 4) 18062
Full Name of Contributor Sandy Hinkle	MO	DAY	YEAR	\$ 750.00
Mailing Address 5106 Woodmont Circle	5	30	2022	
City Macungie State PA Zip Code (Plus 4) 18062				
Employer Name Retired	Occupation Retired			
Employer Mailing Address/Principal Place of Business 5106 Woodmont Circle	City Macungie		State PA	Zip Code (Plus 4) 18062

Full Name of Contributor Dean N. Browning			MO	DAY	YEAR	\$ 37,500.00
Mailing Address 2432 W. Congress Street			5	19	2022	
City Allentown	State PA	Zip Code (Plus 4) 18104				
Employer Name Retired			Occupation Retired			
Employer Mailing Address/Principal Place of Business 2432 W. Congress Street		City Allentown	State PA	Zip Code (Plus 4) 18104		

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

PAGE TOTAL
\$ 40,500.00

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 Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 BROWNING FOR STATE SENATE	Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 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	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BROWNING FOR STATE SENATE	From <u>5/3/2022</u> To: <u>6/6/2022</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
U. S. Post Office	5	4	2022	\$	2,750.00
Mailing Address 17 S. Commerce Way					
City Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	18017	Postage		
U. S. Post Office	5	9	2022	\$	2,350.00
Mailing Address 17 S. Commerce Way					
City Bethlehem	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	18017	Postage		
Allegra Printing	5	26	2022	\$	375.69
Mailing Address 709 Roble Road					
City Allentown	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	18109	Letterhead		
Allegra Printing	5	26	2022	\$	99.64
Mailing Address 709 Roble Road					
City Allentown	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	18109	Business Cards		
Campaign Sidekick	6	4	2022	\$	217.82
Mailing Address 1550 Old Annetta					
City Aledo	State	Zip Code (Plus 4)	Description of Expenditure		
	TX	76008	VoIP Phone Minutes		
Checkmate Strategies	5	10	2022	\$	3,000.00
Mailing Address 5 Banyan Court					
City Jackson	State	Zip Code (Plus 4)	Description of Expenditure		
	NJ	08527	Digital Ads		

To Whom Paid Checkmate Strategies			MO	DAY	YEAR	\$ 1,127.50
Mailing Address 5 Banyan Court			5	14	2022	
City Jackson	State NJ	Zip Code (Plus 4) 08527	Description of Expenditure Text Messaging			
To Whom Paid Checkmate Strategies			MO	DAY	YEAR	\$ 270.05
Mailing Address 5 Banyan Court			5	16	2022	
City Jackson	State NJ	Zip Code (Plus 4) 08527	Description of Expenditure Robocall			
To Whom Paid Checkmate Strategies			MO	DAY	YEAR	\$ 19,201.90
Mailing Address 5 Banyan Court			5	20	2022	
City Jackson	State NJ	Zip Code (Plus 4) 08527	Description of Expenditure Direct Mail			
To Whom Paid Checkmate Strategies			MO	DAY	YEAR	\$ 1,320.00
Mailing Address 5 Banyan Court			5	13	2022	
City Jackson	State NJ	Zip Code (Plus 4) 08527	Description of Expenditure Poll Handouts			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 30,712.60

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 BROWNING FOR STATE SENATE	Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>
---	--

Name of Creditor	DATE			Outstanding Balance of Debt
	MO	DAY	YEAR	
Dean N Browning	5	19	2022	\$ 37,500.00
Mailing Address 2432 W. Congress Street				
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Debt Loan to Campaign Committee	
Dean N Browning	5	19	2022	\$ 12,500.00
Mailing Address 2432 W. Congress Street				
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Debt Loan to Campaign Committee	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 50,000.00