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 202	2C0492				port ed B		CANE	OID	DIDATE /			DMMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		DEA	AN N	. BRC	WNING	ì									
Street Address:																		
City:	_							State:					Zip Code	e: 18	104-2	938		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		PC	POST- 3. X			AMENDME REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		PC	POST- 6.		TERMINAT REPORT?	TION	Yes	N	0	\	
report type)	ANNUAL REPORT	Г 7.	Year 2022					FILING METHOD F () CHECK ONE					PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candid	ate:	-		-			DATE OF ELECTION				District Number	Office Code	Par	ty Code	Code		
								МО	[DAY	YE.	AR	14	STS	REF)		
SENATOR IN TH	HE GENERAL ASS	EMBLY						1	1		8	2022		(SEE IN:	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО	ı	DAY	YE	AR	FOF	OFFIC	E USE	ONLY	,	
Expenditures	s from:		5 3	2	022	T	0		6		6	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		(12,50	0.00)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			(12,50	0.00)						
D. Total Expenditures (From Schedule III)						\$				37,5	00.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$			(!	50,00	0.00)							
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedu	le II	I)	\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule I\	/)			\$					0.00						
				AFF	ID/	AVI	T SE	CTION	1									
PART I - If this is			_						-	•				_				
I swear (or affirm)) that this report, in ete.	cluding the	e attached sc	hedule	s file	d on	paper	or by ele	ctro	onic me	edium,	are to t	the best of	my knov	vledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20						-		Si	gnature	of Person	Submit	ing Re	oort		_
	Signat	ure					- -		_				Printe	ed Name	1			
My Commission Ex	cpires						_		_				Email					
	МО	D	AY	YR						Are	ea Code	e	Daytime	Teleph	one Nu	mber		\perp
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	ee, C	andid	ate sha	II si	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	poli	itical	comm	ittee has	not	t violat	ted any	provis	ions of the	act of J	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this	•	20						-			s	ignature of	Candida	ate			_
							-		-				Printed	l Name				-
My Commission Exp	Signature						-		_				Email					-
							-		_									_
	МО	D	AY	YR	1					Area	Code		Day	ytime T	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DEAN N. BROWNING	From:	5/3/202	<u>2</u> To:	6/6/2022
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
			Γ	
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

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 Cand	idate		Reporting Period					
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	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 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	me of Filing Committee or Candidate		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 Candi	me of Filing Committee or Candidate		Reporting Period						
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
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/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	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>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 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 Period				
			From:			То:	
				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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportir				
DEAN N. BROWNING	From	<u>5/3</u>	3/2022	To:	6/6/2022
		DATE			AMOUNT
To Whom Paid BROWNING FOR STATE SENATE	мо	DAY	YEAR		

To Whom Paid BROWNING FOR STATE SENATE	ROWNING FOR STATE SENATE					
Mailing Address 2432 W. CONGRESS STREET 5 19 2022						\$ 37,500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 181042938	1	otion of Exp		
Enter Grand Total of Expendi	\$ PAGE TOTAL 37,500.00					