### **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	20220	0719			Rep File	orted B		CA	NDII	DATE	*	( C	ОММІТТІ	E	LOB	BYIS	Г	
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		BRC	WN	E, PA	TRIC	< M									
Street Address:																			
City:									State	e:				Zip Co	de: 18	3102			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		Р	OST-	3.		AMENDI REPORT		Yes	] [	No	<b>√</b>
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDA ELECTION	Y PRE	≣-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	<b>]</b> [	No	<b>\</b>
report type)	ANNUAL RI	PORT	7.	<b>Year</b> 2022					IG ME CHEC					PAPER	PAPER		DIS	KETTE	
Name of Office S	ought by Ca	andidate	e:						DAT	ΕO	F ELE	CT:	ION	District Number	Office Code	Pai	rty Cod	de Cou Cod	
SENATOR IN TH	HE GENERA	L ASSE	MBLY					МО			DAY		YEAR	16	STS	REI	•	39	
										11		8	2022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY		YEAR	FC	R OFFI	CE USE	ONL	Y	
Expenditures	rom:			6 7	2	022	Т	<u> </u>		10	:	24	2022	2					
A. Amount Bro	ught Forwa	r <b>d From</b>	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	ıtions A	nd Rec	eipts (Fron	1 Sche	dule	<b>I</b> )	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)								0.00											
D. Total Expenditures (From Schedule III)								\$					399.66						
E. Ending Cash Balance (Subtract Line D From Line C)								\$				(	399.66)						
F. Value Of In-	Kind Contril	outions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations (	(From S	chedule IV	/)			\$					0.00			•			
					AFF	IDA	١٧٧	ΓSE	CTIC	NC									
PART I - If this is		-	-	_										_					
I swear (or affirm) correct and comple		ort, inclu	iding the	attached sc	hedules	s filed	d on	paper	or by e	electr	onic m	ediu	ım, are to	the best o	f my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before day of	me this		20									Signatu	e of Perso	n Submit	ting Re	port		_
		Signature	e	-				-						Prin	ted Nam	9			_
My Commission Ex	cpires							_		•				Ema	il				
	мс	)	DA	ΛΥ	YR						Are	ea C	Code	Daytin	ne Telepl	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	authorized	Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and beli	ief this	polit	ical	comm	ittee h	as no	ot viola	ted	any provi	sions of th	e act of J	une 3,1	937 (I	P.L. 133	3,
Sworn to and subsc	ribed before i	ne this		20									:	Signature	of Candid	ate			_
								-						Printe	ed Name				-
	Sig	nature						-											_
My Commission Exp	ires													Ema	il				
		мо	DA	λΥ	YR	l		•			Area	Cod	le	D	aytime T	elephoi	ne Nur	nber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BROWNE, PATRICK M	From:	<u>6/7/202</u>	<u>2</u> To:	10/24/2022
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
			1	
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

Name of Filing Committe	e or Candidate		Reporting					
		From: To				<b>)</b> :		
		L		DATE			AMOUNT	
Full Name of Contributing	Committee		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

## 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		Rep	oorting P	eriod				
	F				From: To:				
					DATE		А	MOUNT	
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	date		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	date			Rep	orting Pe	riod			
				Froi	n:		To	):	
					D	ATE		AM	10UNT
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/Principal Business	l Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on 9	Schedule I, Deta	iled Sumr	nary Page,	Section	on 3.			P <i>/</i>	O.00
							L		

## 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
BROWNE, PATRICK M	From:	<u>6/7/2022</u> <b>To:</b>	10/24/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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** 

ull Name of Contributor lailing Address ity State Zip Code (Plus 4)			Reporting Period				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address  State Zip Code (Plus 4)						<b>\$</b>	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 l	Period			
					Fro	om:		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	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidat	e		Reporti	ng Period				
BROWNE, PATRI	CCK M			From	<u>6/</u>	7/2022	То:	10/24/2022	
					DATE			AMOUNT	
<b>To Whom Paid</b> AT&T				МО	DAY	YEAR			
Mailing Address	PO Box 537104			6	22	2022	<b>\$</b>	81.45	
<b>City</b> Atlanta		<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30353	1	otion of Exp gn phone	penditure	re		
To Whom Paid AT&T				мо	DAY	YEAR			
Mailing Address	PO Box 537104			7	22	2022	\$	80.55	
City Atlanta State Zip Code (Plus 4) GA 30353					otion of Exp	penditure			
<b>To Whom Paid</b> AT&T				МО	DAY	YEAR			
Mailing Address	PO Box 537104			8	22	2022	\$	78.56	
<b>City</b> Atlanta		<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30353	Description of Expenditure campaign phone					
To Whom Paid AT&T		•		мо	DAY	YEAR			
Mailing Address	PO Box 537104			9	22	2022	\$	77.65	
<b>City</b> Atlanta		<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30353	1	otion of Exp gn phone	penditure			
To Whom Paid AT&T				МО	DAY	YEAR			
Mailing Address	ing Address PO Box 537104			10	22	2022	\$	81.45	
<b>City</b> Atlanta		<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30353	1	otion of Exp gn phone	penditure			
								PAGE TOTAL	
Enter Grand To	tai ot Expenditures	on Page 1, Re	port Cover Page, Item I	<i>)</i> .			\$	399.66	