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 :	ion 2022	C0492			Report Filed B		CANDI	DATE	✓	СС	OMMITTE		LOBI	BYIST	
	Committee, Candida	ate or Lo	obbyist:			-) WNING								
Street Address:															
City:							State:				Zip Cod	e: 18	104-2	938	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 D/ PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D/ ELEC		POST-	POST- 6.		TERMINATION REPORT?		Yes	No) 🗸
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		\checkmark	DISK	TTE
Name of Office S	Gought by Candidat	te:					DATE O	DF ELECTION District Office Party Code County Number Code							
SENATOD IN T	HE GENERAL ASSE	-MRI V					мо	DAY	YEA	R	14	STS	REP)	
SENATOR IN T	HE GENERAL ASSE						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI		E USE	ONLY	
Expenditures	s from:		9 20	20	022 T	0	10	2	24	2022					
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$		(50,000).00)					
B. Total Monetary Contributions And Receipts (From Schedule I)						\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$		(50,000	0.00)					
D. Total Expenditures (From Schedule III)						\$			50,00	0.00					
E. Ending Cash Balance (Subtract Line D From Line C)					\$		(10	00,000	.00)	4					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee repo		-					• •			-				
correct and compl) that this report, incl ete.	uaing the	attached sci	neaules	Thea on	paper	or by elect	ronic me	eaium, a	ire to	the best of	ту клом	leage	and bei	er, true
Sworn to and subs	cribed before me this day of	5	20						Sig	nature	e of Person	Submitt	ing Rep	oort	
	Signatu	re	-			-					Print	ed Name			
My Commission E	-					_					Email				
	мо	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of med.	ıy knowle	dge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate day of 20														
						-					Printed	i Name			
My Commission Exp	Signature					-					Email				
	мо		AY	YR		-		Area	Code		Da	ytime Te	elephon	ne Numł) er
				1 K							54	,			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DEAN N. BROWNING From: <u>9/20/2022</u> To: 10/24/2022 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: To:						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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						
				From: To				D:		
					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 Schedule I, Detailed Summary Page, Section 2. \$ 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 Candidate			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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:				n:		Т	o:			
				D	ATE	АМ	IOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

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							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
								PAGE TOTAL		
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 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										
DEAN N. BROWNING	From:	<u>9/20/2022</u> то:	<u>10/24/2022</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſ F)										
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			Reporting	orting 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:			1						
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:		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	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption 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						
DEAN N. BROWNING				<u>9/20</u>	0/2022	То:	<u>10/24/2022</u>			
				DATE		AMOUNT				
To Whom Paid			мо	DAY	YEAR					
BROWNING FOR STATE SENATE										
Mailing Address 2432 W. CONGRESS	S STREET		7	1	2022	\$	50,000.00			
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА	181042938	LOAN T	O CAMPAI	GN COMM	1ITTEE				
							PAGE TOTAL			
Enter Grand Total of Expenditures) .			\$	50,000.00					