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 2	2022C	0492				Repoi Filed		ľ	CAND	DATE	Y	/ °	ОММІТ	TEE		LOB	BYIST		
Name of Filing C	committee, Ca	ndidat	te or Lo	bbyis	st:	C	DEAN I	N. BR	ROW	NING										
Street Address:																				
City:	_								St	ate:				Zip C	Code	e: 18	104-2	938		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.					30 E PRII	DAY MARY		POST-	3.			AMENDMENT REPORT?		Yes	ľ	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		١.	2ND I	FRIDAY TION	PRE-	5.	30 E	DAY CTIO		POST-	6.	X	TERMI REPOR		TION	Yes	١	lo	/
report type)	ANNUAL REP	ORT 7	7.	Year	2022					METH ECK O				PAPE	R		\	DISK	ETTE	
Name of Office S	ought by Can	didate	:						D	ATE C	F ELE	СТ	ION	Distric Numb		Office Code	Par	ty Cod	e Cou Cod	
SENATOR IN TH	HE GENERAL A	ASSEN	ИВLY						M		DAY		YEAR	14		STS	REF	•		
		-		I	I					11		8	202	╃—		(SEE INS				5)
Summary of Expenditures		d	MO 1	.0	25	YEAR 20	22 -	го	M	0	DAY	28	YEAR 202		FOR	OFFIC	E USE	ONL	<i>(</i>	
A. Amount Bro	ught Forward	From				20			\$	11			,000.00	4						
B. Total Moneta						Sched	ule I)	-	* <u></u>		(-		0.0	4						
C. Total Funds	Available (Sur	m Of L	ines A	and E	3)			\dashv	<u>* </u>		(100,000.00)									
D. Total Expend	ditures (From	Sched	lule III	()					\$			7	7,500.0)						
E. Ending Cash	Balance (Sub	tract I	Line D	From	Line C)			\$		(1	.07,	,500.00)						
F. Value Of In-	Kind Contribut	tions I	Receive	ed (Fr	om Sc	hedule	e II)		\$				0.00)						
G. Unpaid Debt	s And Obligat	ions (From S	ched	ule IV)	١			\$				0.0			,				
						AFFI	DAV	IT S	ECT	ION										
PART I - If this is	a Committee	repor	t, trea	surer	sign h	ere. If	this i	s a C	andi	date r	eport,	can	didate s	ign her	e.					
I swear (or affirm) correct and comple		t, inclu	ding the	attacl	ned sch	edules	filed or	n pape	r or l	y elect	tronic m	nediu	um, are to	the best	t of	my know	/ledge	and be	lief , tı	rue
Sworn to and subs	cribed before mo	e this		20									Signatu	re of Per	son	Submitti	ing Rep	oort		_
	Sig	ınature	ı	•				_						Pı	rinte	ed Name				_
My Commission Ex	rpires							_						Er	nail					
	МО		DA	Υ		YR					Ar	ea (Code	Dayt	time	Telepho	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	autho	rized (Commi	ittee,	Candi	idate	shall	sign h	ere								
I swear (or affirm) No 320) as amende		t of my	knowle	dge ar	nd belie	f this p	oolitica	l com	mitte	e has r	not viola	ated	any prov	isions of	the	act of Ju	ne 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me day of	this		20										Signatur	e of	Candida	te			_
				20 -				_						Prir	nted	Name				-
My Commission Exp	Signat	ture						_						Er	mail					-
,								_												_
	МО)	DA	Y		YR					Area	Coc	de		Day	time Te	lephor	ne Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary rage									
Name of Filing Committee or Candidate	Reporting	g Period							
DEAN N. BROWNING	From:	10/25/202	<u>2</u> To:	11/28/2022					
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					
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

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					
		F	rom:		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								
Fr			From: To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	1)					
				•		•		DAGE TOTAL

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candidate				Rep	orting Pe	riod					
				Fron	n:		1	o:			
					D	ATE			АМО	UNT	
Full Name of Contributor					МО	DAY	YEAR	ł	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		Ziı	p Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary Page,	Section	on 3.				PAG	E TOTAL	
								\$		0.0	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 Peri	od			
			From:	n: To:				
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod	
DEAN N. BROWNING	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
DEAN N. BROWNING	From	10/25/2022	То:	11/28/2022	
		DATE		AMOUNT	

		DATE	AMOUNT					
To Whom Paid			мо	DAY	YEAR			
BROWNING FOR STATE SENAT	МО		ILAK					
Mailing Address				10	2022	\$	7,500.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	181042938	LOAN T	O CAMPAI	GN COMM	1ITTEE		
	· · · · · · · · · · · · · · · · · · ·							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							7,500.00	