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		'	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.	2ND I PRIM	FRIDAY ARY	PRE-	2.	30 E PRII	DAY MARY		POST-	3.		AMENI REPOR		NT	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	•		
									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				4						
	A. Amount Brought Forward From Last Report \$ (100,000.00) B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ (100,000.00)																				
D. Total Expenditures (From Schedule 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) 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 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

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 Comm	ittee or Candidate		Re	porting	Period					
			Fre	om:		То	:			
		1			DATE			AMOUNT		
Full Name of Contribution	ng 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.

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 Filling Committee of Candidate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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.)

ame of Filing Committee or Candidate		Reporting Period							
			From:				То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 Ca	ame of Filing Committee or Candidate		Repor	ting Perio				
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	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 Peri	od							
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 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:			To:		
				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	Name of Filing Committee or Candidate			Reporting Period							
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Details				ed				PAGE TOTAL			
Summary Page, Section 3.								0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Re	eportin				
DEAN N. BROWNING	Fre	rom	10/25	5/2022	То:	11/28/2022
			DATE			AMOUNT
To Whom Paid BROWNING FOR STATE SENATE	M	мо	DAY	YEAR		
Mailing Address 2432 W. CONGRESS STREET		11	10	2022	\$	7,500.00

	City ALLENTOWN	State PA	Zip Code (Plus 4) 181042938	Description of Expenditure LOAN TO CAMPAIGN COM		
	Enter Grand Total of Expenditures o	\$	PAGE TOTAL			
1					7	7,500.00