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				Repo Filed		· :	CA	NDII	COMMITTEE LOBBYIST					Т			
Name of Filing C	ommittee, Car	ndidat	te or Lo	bbyist	::		DEAN	N.	BRO	WNI	NG								_	
Street Address:																				
City:	_									State	e:				Zip Cod	ie: 18	3104-2	2938		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND FF PRIMA		PRE-	2.		0 DA		Р	OST-	3.		AMENDM REPORT		Yes]	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND FF ELECTI		PRE-	- 5.		0 DA								Yes] [No	/
report type)	ANNUAL REPO	ORT 7	7. X	Year 2	2022					IG ME					PAPER		V	DIS	KETTE	
Name of Office S	Sought by Can	didate	::							DAT	ΈΟ	F ELE	CTI	ON	District Number	Office Code	Pa	rty Co	de Cou Cod	
										мо		DAY	1	YEAR	14	STS	REI)		
SENATOR IN TH	HE GENERAL A	ASSEN	MBLY								11		8	2022		(SEE IN	STRUCTI	ONS FO	OR CODE	S)
Summary of	•	d	МО	DAY	1	YEAR				МО		DAY		YEAR	FC	R OFFI	CE USE	ONL	Y	
Expenditures	from:		1	.1	29	20)22	TO)		12	;	31	2022						
A. Amount Bro	ught Forward	From	Last Ro	eport					\$					0.00						
B. Total Monet	ary Contribution	ons Aı	nd Rece	eipts (I	From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (Sur	m Of L	ines A	and B))				\$					0.00						
D. Total Expend	ditures (From	Sched	dule III	[)					\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)								\$					0.00							
F. Value Of In-	Kind Contribut	tions I	Receive	ed (Fro	m Sc	hedul	e II)		\$					0.00	_					
G. Unpaid Debt	s And Obligati	ions (From S	chedul	le IV)			\$					0.00			•			
						AFFI	[DA\	/IT	SE	CTI	NC									
PART I - If this is		-	•		_							•								
I swear (or affirm) correct and comple		:, includ	ding the	attache	ed sch	edules	filed o	on pa	aper (or by (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 me day of	e this		20										Signatur	e of Perso	n Submit	ting Re	port		_
		ınature	1	-				_							Prin	ted Name	e			_
My Commission Ex	xpires										•				Ema	il				_
	МО		DA	۱Y		YR						Arc	ea C	ode	Daytim	e Telepl	none Nu	ımber		
Part II- If this is	a report of a	candi	date's a	author	ized	Comm	ittee,	Car	ndida	ate s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge and	d belie	ef this p	politic	al co	ommi	ittee l	as no	ot viola	ted	any provis	sions of th	e act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me day of	this		20										5	ignature o	of Candid	ate			_
	<u> </u>			 				_							Printe	d Name				-
My Commission Exp	Signat	ure						_							Ema	il				_
, ссолоп Ехр																				_
	мо)	DA	λY		YR						Area	Cod	e	D	aytime T	elepho	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age									
Name of Filing Committee or Candidate	Reporting Period								
DEAN N. BROWNING	From:	11/29/202	<u>2</u> To:	12/31/2022					
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re					
			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.

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	e or Candidate		Reporting Period						
F				From: T				o:	
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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.)

ame of Filing Committee or Candidate			Reporting Period						
			Froi	m:		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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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>11/29/2022</u> To:	12/31/2022
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	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	g 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	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					From:			То	То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid	МО	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)) Description of Expenditure							
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00			