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 2022	20144			Rep File			CAN	IDIDATE COMMITTEE V LOBBYIST									
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JOHN BROWN																		
Street Address:	500 SOUTH S	SEVENTH	1 STREET															
City:	BANGOR							State:		PA			Zip Cod	le: 18	3013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	PRE-	2	2.	30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY FELECTION	PRE-	- 5	5.	30 DA ELECT		PO	OST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2022				FILING METHOD () CHECK ONE					PAPER	PAPER DISKETTE					
Name of Office S	– Sought by Candida	ite:						DATE	OF	ELE(стіо	N	District Number	Office Code	Par	ty Code	Coun	
. TELITENIANIT C	OVERNOR							МО		DAY	YE	AR		LTG	REP			
LIEUTENANT G	OVERNOR								11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES	,
	Receipts and	МО	DAY YE	EAR				МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	; from:		11 29	20)22	T	0		12	3	31	2022						
A. Amount Bro	ught Forward Froi	m Last R	leport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	chec	Jule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				2,0	73.02						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				7,0	99.22						
			А	FF	IDA	۱V	T SE	CTIO	N									
	s a Committee rep		_									_						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	a attached schedi	ules	filed	l on I	paper o	or by ele	ectro	onic me	edium	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ıe.
Sworn to and subs	scribed before me this	5	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre		_			- -		-				Prin	ted Name	e			-
My Commission Ex	_								-				Emai	il				-
	МО	D	AY	YR						Are	a Cod	e	Daytim	e Teleph	one Nu	nber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate sha	all s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowl	edge and belief t	this	politi	ical	commi	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	cribed before me this											Si	ignature o	of Candid	ate			-
	day of 						_						Printo	d Name				-
	Signature						-						Printe	u Name				
My Commission Exp	-								_				Ema	il				
	МО	D	PAY	YR					•	Area (Code		Da	ytime T	elephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
FRIENDS OF JOHN BROWN	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	\$	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 Rep				Reporting Period				
			From:		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.

Name of Filing Comn	Name of Filing Committee or Candidate Reporting Period							
From: To:								
				DATE			AMOUNT	
Full Name of Contribut	or		мо	DAY	YEAR			
Mailing Address						\$	0.00	
6.1	State	Zip Code (Plus 4)						
City								
City							PAGE TOTAL	

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	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Pa			age, Section 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				orting Pe	riod				
From					om: To:				
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 of	or Candidate		Report	ing Peri	od				
Fr					From: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							\neg		
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			1	•	•		
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL	
Enter Grand Total of Part I	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 Pe	riod	
FRIENDS OF JOHN BROWN	From:	11/29/2022 To :	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Ca	Reporting Period						
	From:		To:	То:			
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period				
					m:	То:				
DATE						AMOUNT			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 Place of Business City					e Zi _l	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					
	From			То:					
	DATE								
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		