# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	on 2022	C0237			Report Filed B		CANDI	DATE	✓	СС	MMITTEE		LOBE	BYIST	
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:		JOHN A.	-	WN								
Street Address:															
City:							State:				Zip Code	e: 18	013		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 DA PRIMA		POST-	3.		AMENDME REPORT?	MENDMENT REPORT?		No	$\checkmark$
(place X to the right of						6.		TERMINA <sup>-</sup> REPORT?	FION	Yes	No	$\checkmark$			
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				NG METHO CHECK OI				PAPER		$\checkmark$	DISKE	TTE
Name of Office Sought by Candidate: DATE OF ELECTION									District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YEA	R	-1	LTG	REP		
LIEUTENANT GO	OVERNOR						11		8 2	2022		(SEE INS	TRUCTIO	ONS FOR (	ODES)
Summary of I		мо	DAY	YEAR			мо	DAY	YEA	R	FOF	R OFFIC	E USE	ONLY	
Expenditures	from:	1	11 29	20	022 <b>T</b>	0	12	3	1	2022					
A. Amount Brou	ught Forward Fron	n Last R	eport			\$				0.00					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	1 Schee	dule I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expend	ditures (From Sche	edule II	I)			\$			(	0.00					
E. Ending Cash	Balance (Subtract	: Line D	From Line	C)		\$			(	0.00					
F. Value Of In-I	Kind Contributions	Receive	ed (From S	chedul	e II)	\$			(	0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$			(	0.00					
				AFF	IDAVI	ΓSE	CTION								
	a Committee repo	•	-							_					
I swear (or affirm) correct and comple	that this report, incl ete.	uding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	dium, a	re to t	he best of	my know	ledge	and beli	ef , true
Sworn to and subse	cribed before me this day of		20						Sig	nature	e of Person	Submitti	ng Rep	ort	
	Signatu	re				_					Printe	ed Name			
My Commission Ex	pires					_					Email				
	мо	DA	AY	YR				Are	a Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, Ca	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of m ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any p	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20							S	ignature of	Candida	te		
			- —			-					Printed	Name			
										Email					
My Commission Exp	Signature					-					Email				

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JOHN A. BROWN From: <u>11/29/2022</u> **To:** 12/31/2022 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			Re	Reporting Period						
			Fro	om:		То	•			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

5/1/2024 2:58:30 PM

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fro	m:		Τα	):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description					1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	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 Perio	d	
JOHN A. BROWN	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	g Period			
	From: To:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or (	ame of Filing Committee or Candidate				Rep	oorting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	l tion		<u> </u>	
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Tatal of Dart	C on Schodula II		Contribut		-					PAGE TOTAL

	<u> </u>
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE 1

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
				From To:				
		DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)			Descrij	otion of Ex	penditure			
Enter Grand Total of Expenditures of	an Rago 1. Roport C	over Dage Them F	<b>`</b>				PAGE TOTAL	
	Ji Page 1, Report C	over Page, Item I				\$	0.00	