

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Browning for Commissioner</i>			
Address:	<i>2432 W Congress St</i>			
City, State, Zip:	<i>Allentown PA 18104</i>			
Report Filed By				
Candidate	<i>No</i>	Committee	<i>Yes</i>	
Type of Report	Election Date	Amended	Termination	
<i>2009 Annual Report</i>		<i>No</i>	<i>No</i>	
Office Sought By Candidate	Party	County		
<i>Lehigh County Commissioner</i>	<i>R</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>10/20/2009</i>	To:	<i>12/31/2009</i>	
A. Amount Brought Forward From Last Report			<i>243.61</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>0.00</i>	
D. Total Expenditures (from Schedule III)			<i>0.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>0.00</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(19500.00)</i>	

*Complete reports including signatures are on file in the Office of Voter Registration.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Browning for Commissioner</i>	Reporting Period From <i>10/28/09</i> To <i>12/31/09</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>- 0 -</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>- 0 -</i>
All Other Contributions (Part B)		\$ <i>- 0 -</i>
TOTAL for the Reporting Period	(2)	\$ <i>- 0 -</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>- 0 -</i>
All Other Contributions (Part D)		\$ <i>- 0 -</i>
TOTAL for the Reporting Period	(3)	\$ <i>- 0 -</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>- 0 -</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>- 0 -</i>
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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 <u>Browning For Commissioner</u>	Reporting Period From <u>10/30/09</u> To <u>12/31/09</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$ - 0 -
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL \$ <u>- 0 -</u>

**PART B
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 <i>Browning For Commissioner</i>	Reporting Period From <i>10/28/09</i> To <i>12/31/09</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$ -0-
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL	\$ -0-
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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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>Browning For Commissioner</u>	Reporting Period From <u>10/20/09</u> To <u>12/31/09</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$ - 0 -
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ - 0 -

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**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 <i>Browning For Commissioner</i>	Reporting Period From <i>10/28/09</i> To <i>12/31/09</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$ -0-
City				
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ -0-

**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 Candidate <i>Browning For Commissioner</i>	Reporting Period From <u>10/20/09</u> To <u>12/31/09</u>
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Full Name							Amount	
Mailing Address							\$ <u>-0-</u>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-						
Receipt Description								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	\$ <u>-0-</u>
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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 <i>Browning For Commissioner</i>	Reporting Period From <i>10/20/09</i> To <i>12/31/09</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>-0-</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <i>-0-</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>-0-</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>-0-</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Browning For Commissioner</i>	Reporting Period From <i>10/20/09</i> To <i>12/31/09</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$ -0-
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ -0-

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

Name of Filing Committee or Candidate <u>Boarding For Commissioner</u>	Reporting Period From <u>10/20/09</u> To <u>12/31/09</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$ -0-
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ -0-

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Browning for Commissioner	Reporting Period From <u>10/20/09</u> To <u>12/31/09</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
				\$ <u>0-</u>
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	
				\$
Mailing Address				
Description of Expenditure				
City			Zip Code (Plus 4)	
			-	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ <u>0-</u>

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Browning for Commissioner</i>	Reporting Period From <i>10/20/09</i> To <i>12/31/09</i>
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Name of Creditor <i>Dean N. Browning</i>				Outstanding Balance of Debt \$ <i>10,000.00</i>		
Mailing Address <i>2432 W. Congress</i>	DATE DEBT INCURRED	MO. <i>4</i>	DAY <i>6</i>	YEAR <i>2007</i>		
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104-2938</i>				
Description of Debt <i>loan to Campaign Committee</i>						

Name of Creditor <i>Dean N. Browning</i>				Outstanding Balance of Debt \$ <i>9,500.00</i>		
Mailing Address <i>2432 W. Congress</i>	DATE DEBT INCURRED	MO. <i>11</i>	DAY <i>8</i>	YEAR <i>2007</i>		
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104-2938</i>				
Description of Debt <i>loan to Campaign Committee</i>						

Name of Creditor				Outstanding Balance of Debt \$ <i>-0-</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$ <i>-0-</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$ <i>-0-</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$ <i>-0-</i>		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>19,500.00</i>
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