

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		Committee	<i>X</i>	
Type of Report	Election Date	Amended	Termination	
<i>2015 - 2nd Friday Pre-Primary</i>	05/19/2015			
Termination Report?				
Office Sought By Candidate	Party	County		
<i>Lehigh County Commissioner At-Large</i>	<i>R</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>01/01/2015</i>	To:	<i>05/04/2015</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>43,055.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>43,055.00</i>	
D. Total Expenditures (from Schedule III)			<i>21,381.16</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>21,673.84</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>20,612.50</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</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 <u>Browning for Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>585.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>-0-</u>
All Other Contributions (Part B)	\$ <u>2,205.00</u>
TOTAL for the Reporting Period	(2) \$ <u>2,205.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>3,000.00</u>
All Other Contributions (Part D)	\$ <u>37,265.00</u>
TOTAL for the Reporting Period	(3) \$ <u>40,265.00</u>

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

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>	\$ <u>43,055.00</u>
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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 <i>Browning For Commissioner</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$ -0-
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

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

PAGE TOTAL \$ -0-

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 <u>Browning For Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <u>Tom Burke</u>	4	24	15	\$ 100.00
Mailing Address <u>2146 Gordon Street</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18004 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Tom Borr</u>	5	1	15	\$ 60.00
Mailing Address <u>2864 Springhaven Place</u>	MO.	DAY	YEAR	\$
City <u>Macungie</u> State <u>PA</u> Zip Code (Plus 4) <u>18062 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Curtis Barnette</u>	5	1	15	\$ 100.00
Mailing Address <u>1112 Prospect Avenue</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18018 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Frank Kish</u>	5	1	15	\$ 190.00
Mailing Address <u>7720 Crane Xing</u>	MO.	DAY	YEAR	\$
City <u>Macungie</u> State <u>PA</u> Zip Code (Plus 4) <u>18062 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Pete Congrad</u>	5	1	15	\$ 195.00
Mailing Address <u>1019 Walnut Street</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18109 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Matt Stothoff</u>	5	1	15	\$ 195.00
Mailing Address <u>631 Bethlehem Rd.</u>	MO.	DAY	YEAR	\$
City <u>Catasquequa</u> State <u>PA</u> Zip Code (Plus 4) <u>18032 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Chris George</u>	5	1	15	\$ 195.00
Mailing Address <u>3999 Hunsicker Dr.</u>	MO.	DAY	YEAR	\$
City <u>Walnutport</u> State <u>PA</u> Zip Code (Plus 4) <u>18088 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Eric Mitchell</u>	5	1	15	\$ 195.00
Mailing Address <u>519 Mountain View Rd.</u>	MO.	DAY	YEAR	\$
City <u>Nazareth</u> State <u>PA</u> Zip Code (Plus 4) <u>18264 -</u>	MO.	DAY	YEAR	\$

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

PAGE TOTAL	\$ <u>1,230.00</u>
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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 <u>Browning For Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Joe Turchi	5	1	15	\$ 195.00
Mailing Address <u>16 Church Hill Rd</u>	MO.	DAY	YEAR	\$
City <u>Barto</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>19504-</u>			\$
Gregory Smith	5	1	15	\$ 195.00
Mailing Address <u>2762 Grapevine Ct.</u>	MO.	DAY	YEAR	\$
City <u>Bath</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18014-</u>			\$
Chris Nattiger	5	1	15	\$ 195.00
Mailing Address <u>1305 Homestead Lane</u>	MO.	DAY	YEAR	\$
City <u>Lancaster</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>17603-</u>			\$
Matt Keely	5	1	15	\$ 195.00
Mailing Address <u>15 Eshelman Rd.</u>	MO.	DAY	YEAR	\$
City <u>Lancaster</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>17601-</u>			\$
Mike Dragan	5	1	15	\$ 195.00
Mailing Address <u>321 Thomas Carling Dr.</u>	MO.	DAY	YEAR	\$
City <u>Stewartsville</u>	MO.	DAY	YEAR	\$
State <u>NJ</u>	Zip Code (Plus 4) <u>08886-</u>			\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$

PAGE TOTAL
\$ 975.00

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

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>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Race Street PAC</u>	<u>4</u>	<u>29</u>	<u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>230 Wyoming Ave.</u>	MO.	DAY	YEAR	\$
City <u>Kingston</u> State <u>PA</u> Zip Code (Plus 4) <u>18704 -</u>	MO.	DAY	YEAR	\$
<u>Citizens For Urban Renewal</u>	<u>4</u>	<u>29</u>	<u>15</u>	\$ <u>2,000.00</u>
Mailing Address <u>702 W. Harrison St. Su 300</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18101 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 3,000.00

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>1/1/15</i> To <i>5/4/15</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Charles R. Browning</i>	<i>2</i>	<i>17</i>	<i>15</i>	\$ <i>5,000.00</i>
Mailing Address <i>8906 Founders Circle</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Palmetto</i> State <i>FL</i> Zip Code (Plus 4) <i>34221 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name <i>Retired</i>	Occupation <i>Retired</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Cindy Carey</i>	<i>3</i>	<i>1</i>	<i>15</i>	\$ <i>2,500.00</i>
Mailing Address <i>14906 21st Avenue SW</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Seattle</i> State <i>WA</i> Zip Code (Plus 4) <i>98166 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name <i>Self-Employed</i>	Occupation <i>Consultant</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>John Hinkle</i>	<i>3</i>	<i>15</i>	<i>15</i>	\$ <i>2,500.00</i>
Mailing Address <i>4351 Hilling Drive</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Emmets</i> State <i>PA</i> Zip Code (Plus 4) <i>18049 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name <i>Self-Employed</i>	Occupation <i>Self-Employed</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Renee Lara</i>	<i>3</i>	<i>20</i>	<i>15</i>	\$ <i>2,500.00</i>
Mailing Address <i>824 Villa Maria</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Bryan</i> State <i>TX</i> Zip Code (Plus 4) <i>77802 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name <i>Kingdom Animal Hospital</i>	Occupation <i>Owner</i>			
Employer Mailing Address/Principal Place of Business <i>Bryan TX 77802</i>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Lerry Chandler</i>	<i>4</i>	<i>10</i>	<i>15</i>	\$ <i>1,800.00</i>
Mailing Address <i>4728 Porter Drive</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Las Cruces</i> State <i>NM</i> Zip Code (Plus 4) <i>88011 -</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name <i>Self-Employed</i>	Occupation <i>Trainer</i>			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL \$ <i>14,300.00</i>

**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>1/1/15</i> To <i>5/4/15</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Cynthia McCracken</i>	4	15	15	\$ 1,500.00
Mailing Address <i>1336 Seaton Road</i>	MO.	DAY	YEAR	\$
City <i>Windber</i> State <i>PA</i> Zip Code (Plus 4) <i>15963-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Self-Employed</i>	Occupation <i>Consultant</i>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>William Daggatt III</i>	4	22	15	\$ 460.00
Mailing Address <i>119 Camp Council Road</i>	MO.	DAY	YEAR	\$
City <i>Phoenixville</i> State <i>PA</i> Zip Code (Plus 4) <i>19360-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Kistler-Tiffany Benefits</i>	Occupation <i>President</i>			
Employer Mailing Address/Principal Place of Business <i>899 Cassatt Rd. Berwyn, PA 19312</i>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Tom McCarty</i>	4	24	15	\$ 500.00
Mailing Address <i>201 King of Prussia Rd.</i>	MO.	DAY	YEAR	\$
City <i>Kadnor</i> State <i>PA</i> Zip Code (Plus 4) <i>19087-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Not available</i>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>David B. Dodson</i>	4	24	15	\$ 500.00
Mailing Address <i>157 Homestead Rd.</i>	MO.	DAY	YEAR	\$ 1,000.00
City <i>Wayne</i> State <i>PA</i> Zip Code (Plus 4) <i>19087-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Not available</i>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Nathan Janson</i>	4	24	15	\$ 500.00
Mailing Address <i>524 Saint Davids Ave</i>	MO.	DAY	YEAR	\$
City <i>Wayne</i> State <i>PA</i> Zip Code (Plus 4) <i>19087-</i>	MO.	DAY	YEAR	\$
Employer Name <i>Not available</i>	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ 4,460.00

**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 <u>Browning For Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Rich Plinke</u>	4	25	15	\$ 735.00
Mailing Address <u>765 N. 38th Street</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>1804 -</u>			\$
Employer Name <u>How To Seal The Plague</u>	Occupation <u>Principal</u>			
Employer Mailing Address/Principal Place of Business <u>765 N. 38th Street</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Joann Vought</u>	4	27	15	\$ 1,800.00
Mailing Address <u>5 John Street</u>	MO.	DAY	YEAR	\$
City <u>Morgantown</u>	MO.	DAY	YEAR	\$
State <u>WV</u>	Zip Code (Plus 4) <u>26751 -</u>			\$
Employer Name <u>KEC Holdings</u>	Occupation <u>CFO</u>			
Employer Mailing Address/Principal Place of Business <u>2317 Highway 34, Marasquan, WV 26736</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Randy Kroschwitz</u>	4	28	15	\$ 1,800.00
Mailing Address <u>2648 Whitetail Deer Rd</u>	MO.	DAY	YEAR	\$
City <u>Bath</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18014 -</u>			\$
Employer Name <u>New World Aviation</u>	Occupation <u>President</u>			
Employer Mailing Address/Principal Place of Business <u>987 Postal Road Allentown, PA 18109</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Tom Gibson</u>	4	28	15	\$ 1,800.00
Mailing Address <u>3122 Cleb Dr.</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18103 -</u>			\$
Employer Name <u>Asbury United Methodist</u>	Occupation <u>Business Admin.</u>			
Employer Mailing Address/Principal Place of Business <u>1533 Springhouse Road Allentown PA 18104</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>David Jandl</u>	4	29	15	\$ 1,000.00
Mailing Address <u>3150 Coffertown Rd.</u>	MO.	DAY	YEAR	\$
City <u>Orefield</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18069 -</u>			\$
Employer Name <u>Jandl Farms</u>	Occupation <u>Owner + President</u>			
Employer Mailing Address/Principal Place of Business <u>3150 Coffertown Rd. Orefield PA 18069</u>				

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

PAGE TOTAL \$ <u>7,135.00</u>

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 <u>Browning For Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Craig Johnson</u>	<u>4</u>	<u>29</u>	<u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>5720 Mountain Laurel Dr.</u>	MO.	DAY	YEAR	\$
City <u>Coopersburg</u> State <u>PA</u> Zip Code (Plus 4) <u>18036 -</u>	MO.	DAY	YEAR	\$
Employer Name <u>Not available</u>	Occupation			
Employer Mailing Address/Principal Place of Business				

<u>Robert Johnson</u>	<u>4</u>	<u>29</u>	<u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1390 Ridgeway Dr. S202</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18104 -</u>	MO.	DAY	YEAR	\$
Employer Name <u>Johnson Land Co.</u>	Occupation <u>Owner & President</u>			
Employer Mailing Address/Principal Place of Business <u>1390 Ridgeway Dr. S202 Allentown PA 18104</u>				

<u>Tyler Powell</u>	<u>4</u>	<u>30</u>	<u>15</u>	\$ <u>1,800.00</u>
Mailing Address <u>1895 MacArthur Rd.</u>	MO.	DAY	YEAR	\$
City <u>Whitehall</u> State <u>PA</u> Zip Code (Plus 4) <u>18052 -</u>	MO.	DAY	YEAR	\$
Employer Name <u>A-Team Auto Tire & Ser.</u>	Occupation <u>Owner</u>			
Employer Mailing Address/Principal Place of Business <u>1095 MacArthur Rd. Whitehall PA 18052</u>				

<u>Judy Yanacek</u>	<u>4</u>	<u>30</u>	<u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>517 Seneca Street</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18015 -</u>	MO.	DAY	YEAR	\$
Employer Name <u>New Vitae</u>	Occupation <u>President & CEO</u>			
Employer Mailing Address/Principal Place of Business <u>16 S. Main St. Quakertown PA 18951</u>				

<u>Ken Abboud</u>	<u>5</u>	<u>1</u>	<u>15</u>	\$ <u>395.00</u>
Mailing Address <u>167 N. Commerce Way</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18017 -</u>	MO.	DAY	YEAR	\$
Employer Name <u>Abboud Consulting Inc.</u>	Occupation <u>Partner</u>			
Employer Mailing Address/Principal Place of Business <u>167 N. Commerce Way Bethlehem PA 18017</u>				

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

PAGE TOTAL \$ <u>5,195.00</u>

**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>1/1/15</i> To <i>5/4/15</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Abdo Abboud</i>	<i>5</i>	<i>1</i>	<i>15</i>	\$ <i>395.00</i>
Mailing Address <i>1220 Brentwood Ave</i>	MO.	DAY	YEAR	\$
City <i>Bethlehem</i> State <i>PA</i> Zip Code (Plus 4) <i>18017 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>Abboud Consulting</i>	Occupation <i>Partner</i>			
Employer Mailing Address/Principal Place of Business <i>167 Commerce Way, Bethlehem, PA 18017</i>				
<i>Andy Howe</i>	<i>5</i>	<i>1</i>	<i>15</i>	\$ <i>480.00</i>
Mailing Address <i>2 Blue Jay Drive</i>	MO.	DAY	YEAR	\$
City <i>Wyomissing</i> State <i>PA</i> Zip Code (Plus 4) <i>19610 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>Spruce Law Group</i>	Occupation <i>Attorney</i>			
Employer Mailing Address/Principal Place of Business <i>1600 Spruce St. Philadelphia, PA 19103</i>				
<i>Stuart Smith</i>	<i>5</i>	<i>4</i>	<i>15</i>	\$ <i>2,500.00</i>
Mailing Address <i>1123 N. Broad St.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>Retired</i>	Occupation <i>Retired</i>			
Employer Mailing Address/Principal Place of Business				
<i>John R. Lovett</i>	<i>5</i>	<i>4</i>	<i>15</i>	\$ <i>1,000.00</i>
Mailing Address <i>2830 W. Liberty St.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>Retired</i>	Occupation <i>Retired</i>			
Employer Mailing Address/Principal Place of Business				
<i>Vern Scandola</i>	<i>5</i>	<i>4</i>	<i>15</i>	\$ <i>1,200.00</i>
Mailing Address <i>1116 N. St. Lucas St.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>Realty World</i>	Occupation <i>Realtor</i>			
Employer Mailing Address/Principal Place of Business <i>4205 Highman St. Allentown, PA 18104</i>				

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

PAGE TOTAL
\$ 6,175.00

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>1/1/15</u> To <u>5/4/15</u>
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$ <u>-0-</u>
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

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

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

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>1/1/15</i> To <i>5/4/15</i>
---	---

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>20,612.50</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>20,612.50</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>Stowery For Commissioner</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$ <i>-0-</i>
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

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

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

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <u>Browning For Commissioner</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<u>Lehigh County Tax Facts</u>				<u>3</u>	<u>26</u>	<u>15</u>	\$ <u>16,000.00</u>
Mailing Address <u>3405 Airport Road</u>				MO.	DAY	YEAR	\$
<u>3405 Airport Road</u>				<u>5</u>	<u>1</u>	<u>15</u>	\$ <u>4,612.50</u>
City <u>Allentown</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18109 -</u>	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution <u>Poll and Postage</u>			
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
\$ 20,612.50

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Browning For Commissioner</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
---	---

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<i>CR Consulting</i>	<i>3</i>	<i>2</i>	<i>15</i>	<i>\$ 1,208.63</i>	<i>Postcards</i>
Mailing Address: <i>1704 Maxwell Dr. Su 202</i>					
City: <i>Wall</i>		State: <i>NJ</i>		Zip Code (Plus 4): <i>07719-</i>	
<i>CR Consulting</i>	<i>3</i>	<i>15</i>	<i>15</i>	<i>\$ 3,000.00</i>	<i>Campaign planning</i>
Mailing Address: <i>1704 Maxwell Dr. Su 202</i>					
City: <i>Wall</i>		State: <i>NJ</i>		Zip Code (Plus 4): <i>07719-</i>	
<i>Express Sign Outlet</i>	<i>3</i>	<i>17</i>	<i>15</i>	<i>\$ 106.00</i>	<i>Magnets</i>
Mailing Address: <i>4865 Hamilton Blvd.</i>					
City: <i>Allentown</i>		State: <i>PA</i>		Zip Code (Plus 4): <i>1806-</i>	
<i>Gillespie Printing</i>	<i>3</i>	<i>23</i>	<i>15</i>	<i>\$ 998.37</i>	<i>Printing - letterhead & Envelopes</i>
Mailing Address: <i>709 Roble Road</i>					
City: <i>Allentown</i>		State: <i>PA</i>		Zip Code (Plus 4): <i>18109-</i>	
<i>Gillespie Printing</i>	<i>4</i>	<i>14</i>	<i>15</i>	<i>\$ 405.36</i>	<i>Printing - Flyers</i>
Mailing Address: <i>709 Roble Road</i>					
City: <i>Allentown</i>		State: <i>PA</i>		Zip Code (Plus 4): <i>18109-</i>	
<i>Postmaster</i>	<i>4</i>	<i>15</i>	<i>15</i>	<i>\$ 3,105.00</i>	<i>Postage</i>
Mailing Address: <i>Lehigh Valley Retail Unit</i>					
City: <i>Bethlehem</i>		State: <i>PA</i>		Zip Code (Plus 4): <i>18017-</i>	
<i>Postmaster</i>	<i>4</i>	<i>21</i>	<i>15</i>	<i>\$ 6,210.00</i>	<i>Postage</i>
Mailing Address: <i>Lehigh Valley Retail Unit</i>					
City: <i>Bethlehem</i>		State: <i>PA</i>		Zip Code (Plus 4): <i>18017-</i>	
<i>CR Consulting</i>	<i>5</i>	<i>1</i>	<i>15</i>	<i>\$ 1,780.80</i>	<i>Palm cards</i>
Mailing Address: <i>1704 Maxwell Dr.</i>					
City: <i>Wall</i>		State: <i>NJ</i>		Zip Code (Plus 4): <i>07719-</i>	

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

PAGE TOTAL
\$ 16,814.16

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Browning For Commissioner</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
---	---

To Whom Paid <i>Whitetail Golf Club</i>	MO. <i>5</i>	DAY <i>1</i>	YEAR <i>15</i>	Amount \$ <i>1,372.00</i>
Mailing Address <i>2679 Klein Road</i>		Description of Expenditure <i>Golf Outing</i>		
City <i>Bath</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18014 -</i>		

To Whom Paid <i>Postmaster</i>	MO. <i>5</i>	DAY <i>4</i>	YEAR <i>15</i>	Amount \$ <i>3,195.00</i>
Mailing Address <i>Lehigh Valley Retail Unit</i>		Description of Expenditure <i>Postage</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017 -</i>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

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

PAGE TOTAL \$ <i>4,567.00</i>

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>Brownly For Commissioner</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</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 \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
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>-0-</i>
