	C	AMPAIG	N FINANCE R	EPORT		
	Name and	Address o	f Filing Candida	ate or Com	mitte	ee
Name: Address: City, State	e, Zip:	2432 W Allentov	ng for Commission Congress St wn PA 18104 eport Filed By	ier		
Candidate	2	No	Committee			Yes
Type of R	eport		Election Da	te Ameno	led	Termination
2009 Anni	ual Report			No		No
Office Sou	ight By Candid	ate	Party	County	7	
Lehigh Co	unty Commission	ner	R	Lehigh		
	Sun	nmary of]	Receipts & Expe	enditures		
From:	10/20/2009	<u> </u>	To:	12/31/2	009	
A. Amoun	t Brought Forw	ard From	Last Report		243	.61
B. Total M	Ionetary Contri	butions &	Receipts (from S	chedule I)	0.00)
C. Total F	unds Available	(Sum of Li	nes A & B)		0.00)
D. Total E	xpenditures (fr	om Schedu	le III)		0.00)
E. Ending	Cash Balance (Subtract L	ine D from Line	C)	0.00)
F. Value of	f In-Kind Conti	ributions R	eceived (from Sc	hedule II)	0.00)
G. Unpaid	Debts & Obligation	ations (fror	n Schedule IV)		(195	500.00)

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Per From 10	30 09 TO 12 31 09
V .	
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	RIBUTOR
TOTAL for the Reporting Period (1)	\$ -0-
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -0 -
All Other Contributions (Part B)	\$ -0-
TOTAL for the Reporting Period (2)	\$ ~& ~
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ ~0 -
TOTAL for the Reporting Period (3)	\$ _0-
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	EFROM PARTIE
TOTAL for the Reporting Period (4)	\$ ~ \(\(\) \(\)
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ -0-

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.

Brown or Candidate	Gr	nmissione	<u>ئ</u>	Reporting From _	13/20/	189 TO 12	31/09
Full Name of Contributing Committee				DATE		AMO	UNT
-			MO.	DAY	YEAR	\$ -	0-
Mailing Address			MO.	DAY	YEAR	\$	1
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address			MO.	DAY	YEAR	\$	
City						\$	1
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	\$	
					7588	\$	
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$	
Mailing Address		NAME OF THE PROPERTY OF THE PR	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	_MO.	DAY	YEAR		
Full Name of Contributing Committee		***	MO.	DAY	YEAR	\$	
Mailing Address					I EAN	\$	
morning reacess			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address			MQ.	DAY	YEAR	\$	
City	State					\$	
	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	VEAN	\$	
		_	JACO.	UA 1	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
			<u> </u>			\$	
Enter Grand Total of Part A on Sche	dule I,	Detailed Summary	Page,	Section	n 2.	PAGE TOTAL	-
SEB-502 (7-99)							

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.)

			DATE		AMOUI	AIT
Full Name of Contributor			MO HE DAY		\$ - <i>(</i>	7 ~
Mailing Address			MO DAY	YEAR		
City	State	Zip Code (Plus 4)	MO DAY	YEAR	\$	
Full Name of Contributor			MO. DAY	YEAR	\$	
Mailing Address			MOLESTOAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DAY	VEXE	\$	<u></u>
		-		YEAR	\$	
Full Name of Contributor			MO. DAY	YEAR	\$	
Mailing Address			MO. DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	2240322 BE-733	YEAR	\$	
Full Name of Contributor			ALTERIOR DE PANA	YEAR	\$	
Mailing Address			MO: DAY	YEAR		
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
					\$	
full Name of Contributor			MO. DAY	YEAR	\$	
Mailing Address			MQ. DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
ull Name of Contributor			MO DE PAY	##W:V:V:	\$	
Mailing Address			MOSS SPAY	- YEAR	·	
city	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$	
		•			\$	
ull Name of Contributor			MO. DAY	YEAR	\$	
Mailing Address			MO. DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MOZ P DAY	YEAR	\$	
ull Name of Contributor			MO. DAY	YEAR		+
failing Address			MO. DAY	YEAR	\$	-
ity	State	Zip Code (Plus 4)			\$	
		m cpr www (x 1363) 197	MO. DAY	YEAR	\$	<u></u>
					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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			F	Reporting P			
Name of Elling Committee or Candidate	(D)	me 35, one	-	From 10	100	09 To 12	131/0 9
Ü				DATE	4	AMC	UNT
Full Name of Contributing Committee		, , , , , , , , , , , , , , , , , , ,	MO.	DAY	YEAR	\$ ~	ስ
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)	мо.	DAY	YEAR	\$	
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	\$	
Mailing Address		***************************************	мо.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
The realist of contributing committee			14.02			\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address		NSCANCIA.	мо	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	<u> </u>		MG.	DAY	YEAR	,	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	•		MQ.	- BAY	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	\$	>
	<u> </u>					PAGE TOTAL	
Enter Grand Total of Part C on Sched	dule i,	Detailed Summary	y Page,	Section	3.	\$ -	0-
			_			L	

PAGE 6 OF 12

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	- G	enois & Inona	<u>ج</u> ر	Reporting Period From /0/2	5/09 to 12	13109
				DATE	AMC	UNT
Full Name of Contributor			MO.	DAY	\$ ~	O -
Mailing Address			MQ.	DAY YEAR	\$]
City	State	Zip Code (Plus 4)	MO.			
Employer Name			Occupa	ntion	<u> </u> \$	<u> </u>
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MO.	DAY YEAR	S	
Mailing Address			MO.	MATOAYAH MAYEAS	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
Employer Name			Occupa	ltion	\$	
	<u></u>					
Employer Mailing Address/Principal Place of Business	•					
Full Name of Contributor			MO.	DAY YEAR	\$	
Mailing Address			MO.	DAY YEAR		
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
Employer Name			Occupa	tion .	\$	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			E.MO.	DAY YEAR	s	
Mailing Address			MO.	DAY YEAR		
City	State	Zip Code (Plus 4)	MO.	DAY YEAR		
Employer Name			Occupa	l l	<u></u>	
Employer Mailing Address/Principal Place of Business	i ,					
Full Name of Contributor			MO.	DAY YEAR	s	
Mailing Address			MO.	DAY YEAR		
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$	
Employer Name					\$	
			Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Enter Crand Tatal of Data Data	ا داداس	Park 11 1 12 12 12 12 12 12 12 12 12 12 12 1			PAGE TOTAL	_
Enter Grand Total of Part D on Sche	idule I,	Detailed Summary	y Page	, Section 3.	\$ -0	<u> </u>

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	Sm	missioner	Rep _ F	orting from 18	Period	69 TO 12	3/09
			1				
Full Name						<u> </u>	
Mailing Address							***************************************
City	State	Zip Code (Plus 4)	мо,	DAY	YEAR	Amount	\ ~
Receipt Description				1		\$ ~ C	
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$	
Recaipt Description							
Full Name							
Mailing Address							<u> </u>
C.(4)	State I	Zin Code (Dlue 4)		nav I	YEAR	Mescula	
City	State	Zip Code (Plus 4)	MO.	DAY	-27	Amount \$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	мо.	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	ll	***************************************			L		
						PAGE TOTAL	

SCHEDULE II

PAGE 8 OF 12

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 Drown for Commissioner	Reporting Per	, ,	9 to 12/3/0	<u> </u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PI	ER CONTRIBUTO	T
TOTAL for the Reporting Period	d (1)	\$	-0-	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 TO \$25				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (PAUN	PARI		
TOTAL for the Reporting Period	d (2)	\$	~ 0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	JM PART G		erandistriken. Production	
TOTAL for the Reporting Period	d (3)	\$	- D -	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	10.0	\$	-8-	_

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	\wedge		Repor	ting Periord	7	
Brown For	Cons	ntssomer	- Fron	n <u>/0/20</u> /	09 TO 10	31/09
			. DA	TE	AMC	UNT
Full Name of Contributor			MO. D/	YEAR	\$ _ 6) -
Mailing Address			MQ: D/	YEAR	s	1
City	State	Zip Code (Plus 4)	MO. D	Y YEAR		
		_			\$	
Description of Contribution:						
Full Name of Contributor			MO. D	YEAR	\$	
Mailing Address	······································		MG. D	Y YEAR	3	
			Mig.	TI JEAR	\$	
City	State	Zip Code (Plus 4)	MG. D	YEAR	\$	
Description of Contribution:						
Full Name of Contributor			MO. D	YEAR	\$	
Mailing Address			MO. DA	YEAR		
					\$	
City	State	Zip Code (Plus 4) —	M 0. 0/	KY YEAR	\$	
Description of Contribution:			<u></u>			
Full Name of Contributor						_
ran Name of Contributor			MO. D	YEAR	\$	
Mailing Address			MO. D/	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DA	VY YEAR	· .	
·					\$	
Description of Contribution:		:				
Full Name of Contributor			MO. D	YEAR		
					\$	
Mailing Address			MO. D	YEAR	\$	
City	State	Zip Code (Plus 4)	MO. DA	YEAR		
Description of Contribution:					S	
Full Name of Contributor			MO. DA	YEAR T	\$	
Mailing Address			MO. DA	Y YEAR		
					\$	
Сну	State	Zip Code (Plus 4)	MO. 0/	YEAR	\$	
Description of Contribution:						<u></u>
Enter Grand Total of Part F on S	chedule II.	In-Kind Contribut	ions Detail	ed	PAGE TOTAL	_
Summary Page, Section 2.					\$ -C) -

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	SWS	utsstoner		porting I		89 TO 10/3	189
				DATE		AMOUN'	ī
Full Name of Contributor		Ψ	MO.	DAY	YEAR	\$ ~0	-
Mailing Address			MO.	DAY	YEAR	\$ ₁	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	in l			
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		
Full Name of Contributor			мо.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	<u>.L</u>		Occupation	on L			
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		
Full Name of Contributor			Мб.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	, мо	DAY	YEAR	\$	
Employer of Contributor	I		Occupation	on I			1
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		
Full Name of Contributor	in in income at		MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR.	\$	****** ******************************
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	on .			
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	on I			
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		-
						PAGE TOTAL	
Enter Grand Total of Part G on Schee Summary Page, Section 3.	dule ii	, In-Kind Contribut	tions De	tailed		\$ ~) -

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Perjod
Browning for Com	True.	ssower	From 10/20/09 To 12/31/89
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
Сіңу	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 Pag	ge 1, I	Report Cover Pr	Page TOTAL \$ - 2 -

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		Repo	rting Period	1-6 11/5/26
Browning For Commits	simer	Fro	om 10/00	109 10 12/31/09
Name of Creditor				Outstanding Balance of Debt
Dean N. Browny				06.056,0 2
Mailing Address 2432 W. Congress	DATE DEBT INCURRED	U	AY YEAR	
Allenton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GA Zin	Code (Plus 4)	
Description of Debthoon to Comparen	Commi	, 1		- L
Name of Creditor Dean M. Stowns			<u> </u>	Outstanding Balance of Debt \$ 7,500.00
Mailing Address 5432 W. Greress	DATE DEBT		YEAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City Allendors	INCURRED	Sime Zip	5 2007 Code (Plus 4) 104-5958	
Description of Debt Local La Compaign	Consu	Litter		
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE	MO . (AY YEAR	I\$
City	DEBT INCURRED	State Zip	Code (Plus 4)	
		State Zip		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE	- MO. E	AY YEAR	\$ ~0~
City	DEBT INCURRED		Code (Plus 4)	
			-	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE	Mo.] c	YEAR	1 \$ ~~
City	DEBT INCURRED	State Zip	Code (Plus 4)	
		State Zip		
Description of Debt		·t		
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE	MO L	AY YEAR	\$ -0-
	DEBT INCURRED			
City		State Zip	Code (Plus 4)	
Description of Debt		<u>l</u>		
				PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	eport Cover F	Page, Item	G.	\$ 19,500.00