Image# 201801029090346	;80		PAGE 1/4
FEC FORM 1	STATEMEN ORGANIZ		
1. NAME OF	(Check if name	Example:If typing, type	Office Use Only
COMMITTEE (in full)		over the lines.	12FE4M5
Browning For			
ADDRESS (number and sti	2432 W. Congress Street		
(Check if addre			
is changed)	Allentown		PA 18104
			PA 18104 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL A			
(Check if addre is changed)	browning.dean@gmail.	com	
0 /	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAG (Check if addre is changed)			
2. DATE 01	02 / Y Y Y Y 02 2018		
3. FEC IDENTIFICATIO	ON NUMBER ► C co	00664466	
4. IS THIS STATEMEN	NEW (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Tre	easurer Browning, Dean, , ,		
Signature of Treasurer	Browning, Dean, , ,	[Electronically Filed]	Date 01 / 02 / 2018
NOTE: Submission of false		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

01/02/2018 10 : 55

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	F	EC For	m 1 (Revised 02/2009)	Page 2
5.			DMMITTEE	
	Cano	didate	Committee:	
	(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
	Name Candi		Browning, Dean, Napier, ,	
	Candi Party	date Affiliatio	on REP Office Sought: K House Senate President	State PA District 15
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candie			
	Party	y Com	mittee:	(D)
	(d)			(Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	nittees Participating in Joint Fundraiser	
		1.		
		2.		
		3.		
		4.		

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Write or Type Committee Name

Browning For Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraisi	ing Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Browning,	Dean, , ,
Full Name	
Mailing Address	2432 W. Congress Street
	Allentown
Title or Position	CITY STATE ZIP CODE
	Telephone number 484 = 894 = 0499

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Mailing Address 2432 W. Congress Street Image: Address Image: Address Image: Address	Full Name of Treasurer	Browning, Dean, , ,
CITY STATE ZIP CODE Title or Position 484 894 0499	Mailing Address	2432 W. Congress Street
CITY STATE ZIP CODE Title or Position 484 894 0499		
Title or Position		
		CITY STATE ZIP CODE
$ \begin{array}{ $	Title or Position	
		$\begin{array}{c c c c c c c c c c c c c c c c c c c $

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Full Name of Designated Agent	Csongradi,	Pete, , ,																								
Mailing Address		987 Postal	Road																							
		Allentown												Ľ	PA			1	810	9			- [<u> </u>	
					CIT	Y								ST/	ΑΤΕ						ZIP	СС	DE			
Title or Position	urer			1 1	I	I			-	Telep	ohor	ne r	um	ber			I	I	-			.	-1	I	1	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells	-argo		
Mailing Address	1840 Airport Road		
	Allentown		109
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE