Campaign Finance Report

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

Filer Identificati Number :	on	20180	0491				port		CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, C	Candida	ite or Lo	obbyist:		BRC	NWC	, AME	N FRIEN	DS FO	R							
Street Address:	3600 C	ONSHO	HOCKE	N AVE, AP	T 710													
City:	PHILAD	ELPHIA	١						State:	PA			Zip Cod	Zip Code: 19131				
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	\
report type)	ANNUAL RE	PORT	7. X	Year 2019					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Ca	andidat	e:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Pai	ty Code	Coun	
									МО	DAY	YE	AR		1000			5525	•
									11		5	2019		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures		and	МО	DAY	YEAR		_	_	МО	DAY		AR	FO	R OFFI	CE USE	ONLY		
-				3 23	2	019		О Т.	12		31	2019						
A. Amount Bro								\$			5	552.61						
B. Total Moneta	-				Sche	dule	e I)	\$				35.82						
C. Total Funds Available (Sum Of Lines A and B) \$ 588.43																		
D. Total Expen	ditures (Fro	m Sche	dule 11.	1)				\$				88.43						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contrib	outions	Receive	ed (From S	chedu	le II	()	\$				0.00						
G. Unpaid Debt	ts And Oblig	ations ((From S	Schedule IV	')			\$				0.00						
									CTION									
PART I - If this is		=	-	_								_						
I swear (or affirm) correct and complete		ort, incit	laing the	attached sci	neaure	s file	a on	paper (or by elect	ronic m	eaium	are to t	ne best o	т ту кпо	wieage	and bell	er, tri	ue
Sworn to and subs	cribed before day of	me this		20							s	ignature	of Perso	n Submit	ting Re	oort		_
								-					Prin	ted Name				_
My Commission Ex		Signatur	e										Ema	il				-
•	мо)	DA	ΛΥ	YR			-		Are	ea Cod	e		e Teleph	none Nu	mber		-
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before n	ne this										Si	ignature o	of Candid	ate			-
	day of ——							_					Du!4	d Nac-				_
	Çi~-	nature						-					Printe	d Name				
My Commission Exp	_	a.u.e											Ema	il				_
	1	мо	D/	λΥ	YR	ł		•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BROWN, AMEN FRIENDS FOR	From:	3/23/201	<u>9</u> To:	12/31/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	35.82
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	35.82

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 Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Com	nittee or Candidate		Rep	orting F	Period			
			Fro	m:		To):	
		ı			DATE			AMOUNT
Full Name of Contribut	tor			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	(0.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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	Reporting Per	iod	
BROWN, AMEN FRIENDS FOR	From:	3/23/2019 To :	12/31/2019

			D	ATE		AMOUNT			
Full Name			МО	DAY	VEAD		25.00		
TD Bank			МО	DAY	YEAR	\$	35.82		
Mailing Address 4020 City Line Avenu	е		10	1	2019				
City Philadelphia	State	Zip Code (Plus 4)]	_					
	PA	19131							
Receipt Description charge reversal fee									

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

PAGE TOTAL \$ 35.82

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	
BROWN, AMEN FRIENDS FOR	From:	3/23/2019 To:	12/31/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Cand	ame of Filing Committee or Candidate				Reporting Period				
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•	•				
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
BROWN, AMEN FRIENDS FOR	From	3/23/2019	То:	<u>12/31/2019</u>

				DATE	AMOUNT				
To Whom Paid			МО	DAY	YEAR				
TD Bank			140		. Louis				
Mailing Address 4020 City Ave			3	29	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19131	bank fee						
To Whom Paid			мо	DAY	YEAR				
TD Bank			110						
Mailing Address 4020 City Ave			3	29	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 19131				paper statement fee					
To Whom Paid			мо	DAY	YEAR				
TD Bank			1-10		ILAK				
Mailing Address 4020 City Av	'e		4	30	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19131	bank maintenance fee						
To Whom Paid			МО	DAY	YEAR				
TD Bank			MO	DAT	TEAK				
Mailing Address 4020 City Ave			4	30	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
PA 19131			paper statement fee						
To Whom Paid				DAY	VEAD				
TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			5	31	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19131	bank maintenance fee						
To Whom Paid				DAY	VEAR				
TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			5	31	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
,	PA	19131	1	tatement f					
			Traps. Statement rec						

							, <u> </u>		
To Whom Paid				DAY	YEAR				
TD Bank						\$	10.00		
Mailing Address 4020 City Ave			6	28	2019	₹	10.00		
City Philadelphia	Zip Code (Plus 4)	Description of Expenditure							
PA 19131				bank maintenance fee					
To Whom Paid TD Bank			мо	DAY	YEAR				
Mailing Address 4020 City Ave			6	28	2019	\$	2.00		
City Philadelphia State Zip Code (Plus 4			Descrip	tion of Exp	enditure				
·	PA	19131	paper s	tatement f	ee				
To Whom Paid TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			7	31	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip ⁶	l tion of Exp	enditure				
PA 19131			bank maintenance fee						
To Whom Paid TD Bank				DAY	YEAR				
Mailing Address 4020 City Ave			7	31	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
PA 19131			paper statement fee						
To Whom Paid		1							
TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			8	30	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19131	bank maintenance fee						
To Whom Paid TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			8	30	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
,	PA	19131	paper statement fee						
To Whom Paid TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			9	30	2019	\$	10.00		
City Philadelphia	State	Zip Code (Plus 4)		lion of Exp					
PA 19131			bank maintenance fee						
To Whom Paid				l _{naw}	VEST				
TD Bank			МО	DAY	YEAR				
Mailing Address 4020 City Ave			9	30	2019	\$	2.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19131	paper statement fee						

To Whom Paid				МО	DAY	YEAR			
NGP VAN				MO	DAT	TEAR			
Mailing Address	1445 New York Ave	nue NW Ste 200		4 2 2019			\$	150.00	
City Washing	ton	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
DC 20005				database software					
To Whom Paid				мо	DAY	YEAR			
ActBlue									
Mailing Address 366 Summer Street			4	9	2019	\$	2.77		
City Somervi	lle	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		MA	02144	processi	ing fees				
To Whom Paid ActBlue			мо	DAY	YEAR				
Mailing Address 366 Summer Street			5	9	2019	\$	0.50		
			Tin Code (Blood)				<u> </u>		
City Somervi	Zip Code (Plus 4)	Description of Expenditure processing fees							
MA 02144				processi	ing rees				
To Whom Paid				МО	DAY	YEAR			
Fajr Gay				26	2010	\$	300.00		
Mailing Address	5156 Reno Street	T		6	26	2019		300.00	
City Philadelp	ohia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA 19139			election day worker					
To Whom Paid			МО	DAY	YEAR				
Sunoco									
Mailing Address 4600 Chestnut Street			6	24	2019	\$	23.00		
City Philadelp	ohia	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	19139	gas for volunteer for travel to debrief					
To Whom Paid Sunoco				мо	DAY	YEAR			
Mailing Address 4600 Chestnut Street				6	25	2019	\$	20.02	
City Philadelp	nhia	State	Zip Code (Plus 4)	Descrint	l tion of Exp	enditure			
City Filliadel	Jilla	PA	19139		team mem		ebrief		
To Whom Paid			Jac .c.			551.61			
Fresh Grocer			МО	DAY	YEAR				
Mailing Address 5601 Chestnut Street			7	8	2019	\$	8.14		
City Philadelp	ohia	State	Zip Code (Plus 4)	Descript	l tion of Exp	l enditure			
PA 19139			food for former volunteer 1:1						
			•	•				PAGE TOTAL	
Enter Grand To	otal of Expenditures o	on Page 1, Report C	Cover Page, Item D				\$	588.43	
							-	300.73	