Campaign Finance Report

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

Filer Identificat Number :	ion 2020	00045			Repo Filed		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST		
	Committee, Candid	late or L	obbyist:			-	R AMEN	BROWN						1	
Street Address:	3600 CONSH	OHOCKE	EN AVE, AF	PT 710											
City:	PHILADELPHI	[A					State:	PA		Zip Code: 19131					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	ay pre-	- 2.	30 DA PRIMA		POST- 3	3.	AMENDN REPORT		Yes	No	 ✓ 	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		- 5.	30 DA		POST- 6	ō.		TERMINATION REPORT?		No	 Image: A start of the start of	
report type)	ANNUAL REPORT	7. X	Year 2020)			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE	
Name of Office	⊥ Sought by Candida	ate:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
DEDDECENTAT			EMPLY				мо	DAY	YEAR	190	STH	DEN	1	51	
REPRESENTAT.	IVE IN THE GENE	RAL ASS	EMBLY				11	:	3 2020		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		11 24	4 2	020	ГО	12	3	1 2020)					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			1,102.06						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	m Sche	dule I)	\$			308.58						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			1,410.64						
D. Total Expen	ditures (From Sch	edule II	I)			\$			1,275.18						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			135.46	-					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$			0.00						
G. Unpaid Deb	ts And Obligations	s (From S	Schedule I	V)		\$			0.00						
				AFF	IDAV	IT SE	CTION								
	s a Committee rep	•	-					•		-					
I swear (or affirm correct and compl) that this report, inc ete.	cluding the	e attached so	chedules	s filed or	n paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed before me thi day of	is	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
		Jre				_				Prin	ited Name				
My Commission E	-									Ema	il				
	мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	d Comn	nittee, (Candid	ate shall	sign hei	·e.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and be	lief this	politica	l comm	ittee has n	iot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me this day of	:	20						5	Signature	of Candida	ite			
										Printe	ed Name				
My Commission Exp	Signature					_				Ema	nil				
	мо	D	AY	YR		_		Area C	ode	D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CITIZENS FOR AMEN BROWN From: <u>11/24/2020</u> **To:** 12/31/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 308.58 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 308.58 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 308.58 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				Reporting Period					
			Fre	om:		То	•		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

\$

0.00

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 Candidat	e		Rep Froi	orting P m:	eriod	То):			
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

PAGE 5

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 Ca	Indidate		Reporting Period						
CITIZENS FOR AMEN BROWN			From:	From: <u>11/24/2020</u> To: <u>12/31/2020</u>					
				DA	TE		АМО	UNT	
Full Name of Contributing Com Friends of Ann Marie Mitchell	мо	DAY	YEAR						
Mailing Address 172 Golfvie	w Drive						\$	308.58	
City Ivyland	State PA	Zip Code 18974	e (Plus 4)	12	7	2020			
						ſ	Р	AGE TOTAL	
Enter Grand Total of Part C	on Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	308.58	

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd				
						То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		0.00

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	
CITIZENS FOR AMEN BROWN	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
Fr						То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business			State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	

		I		
Enter Grand Total of Part G on Schedule II, In	-Kind Contribut	ions Detailed		PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
CITIZENS FOR AMEN BROWN			From	<u>11/24</u>	<u>4/2020</u>	То:	<u>12/31/2020</u>
				DATE			AMOUNT
To Whom Paid ActBlue/Vantiv			мо	DAY	YEAR		
Mailing Address 366 Summer Street			12	3	2020	\$	4.50
City Somerville	State MA	Zip Code (Plus 4) 02144		ition of Exp sing fees	penditure	3	
To Whom Paid Park Harrisburg/On Street Meters			мо	DAY	YEAR		
Mailing Address 223 Walnut Street #1			12	3	2020	\$	3.00
CityHarrisburgStateZip Code (Plus 4)PA17101				otion of Expense/pa		2	
To Whom Paid Maggiano's			мо	DAY	YEAR		
Mailing Address 2000 NJ-38			11	28	2020	\$	251.88
City Cherry Hill	State NJ	Zip Code (Plus 4) 08002		ntion of Exp meeting	penditure	3	
To Whom Paid TD Bank			мо	DAY	YEAR		
Mailing Address 3735 Walnut Street			11	30	2020	\$	3.00
CityPhiladelphiaStateZip Code (Plus 4)PA19104				otion of Exp		2	
To Whom Paid Lowe's			мо	DAY	YEAR		
Mailing Address 1500 N 50th Street	Mailing Address 1500 N 50th Street			4	2020	\$	467.41
City Philadelphia	State PA	Zip Code (Plus 4) 19131		s for repai			fice

To Whom Paid Sal's Produce			мо	DAY	YEAR			
Mailing Address 676 N Broad St			12	4	2020	\$	76.50	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expanditure					
Philadelphila	PA	19130	Description of Expenditure lunch for volunteers					
To Whom Paid PPA			мо	DAY	YEAR			
Mailing Address 701 Market St #5400			12	3	2020	\$	18.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	19106		parking for meeting				
To Whom Paid Pete's pizza			мо	DAY	YEAR			
Mailing Address 4074 Lancaster Avenue			12	7	2020	\$	39.05	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19104		r voluntee				
To Whom Paid ActBlue/Vantiv			мо	DAY	YEAR			
	reet	I	MO	DAY 9	YEAR 2020	\$	5.94	
ActBlue/Vantiv Mailing Address 366 Summer Str	reet State	Zip Code (Plus 4)	12	9	2020		5.94	
ActBlue/Vantiv Mailing Address 366 Summer Str		Zip Code (Plus 4) 02144	12 Descrip		2020		5.94	
ActBlue/Vantiv Mailing Address 366 Summer Str	State		12 Descrip	9 otion of Exp	2020		5.94	
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid	State		12 Descrip process	9 otion of Exp sing fees	2020 Denditure		5.94	
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid Hilton Mailing Address 1 N 2nd St	State		12 Descrip process MO 12	9 btion of Exp sing fees DAY 10	2020 penditure YEAR 2020	\$		
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid Hilton Mailing Address 1 N 2nd St	State MA	02144	12 Descrip process MO 12 Descrip Descrip Descrip	9 btion of Exp sing fees DAY	2020 penditure YEAR 2020	\$		
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid Hilton Mailing Address 1 N 2nd St	State MA State	02144 Zip Code (Plus 4)	12 Descrip process MO 12 Descrip Descrip Descrip	9 ption of Exp sing fees DAY 10 ption of Exp	2020 penditure YEAR 2020	\$		
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid Hilton Mailing Address 1 N 2nd St City Harrisburg To Whom Paid 1 N 2nd St	State MA State PA	02144 Zip Code (Plus 4)	12 Descrip process MO 12 Descrip travel e	9 Pation of Exp sing fees DAY 10 ption of Exp expense	2020 penditure YEAR 2020 penditure	\$		
ActBlue/Vantiv Mailing Address 366 Summer Str City Somerville To Whom Paid Hilton Mailing Address 1 N 2nd St City Harrisburg To Whom Paid Honey Grow Mailing Address	State MA State PA	02144 Zip Code (Plus 4)	12 Descrip process MO 12 Descrip travel e MO 12	9 ption of Exp sing fees DAY 10 ption of Exp expense DAY	2020 penditure YEAR 2020 penditure YEAR 2020	\$	74.28	

To Whom Paid PPA			мо	DAY	YEAR			
Mailing Address 701 Market St #5400			12	11	2020	\$	18.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	РА	19106	parking for meeting					
To Whom Paid Produce Junction			мо	DAY	YEAR			
Mailing Address 2243 Bryn Mawr Ave			12	21	2020	\$	213.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure			
	РА	19131	food fo	food for community outreach				
To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address 3735 Walnut Street			12	31	2020	\$	3.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19104	paper statement fee					
To Whom Paid Shell Oil				DAY	YEAR			
Mailing Address 4628 Ridge Avenue			12	21	2020	\$	40.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	19129	gas for outreach volunteer						
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,275.18	