### **Campaign Finance Report**

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

Filer Identification	on 202	2C0275			Rep File			CAND	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Candi	date or L	obbyist:	E	BRO	WN	I, AME	N									
Street Address:																	
City:								State:				Zip Code	19	139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5	5.	30 DA ELECT		POST-	T- 6. TERMINATION Yes REPORT?					No	•	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				FILING METHOD ( ) CHECK ONE							$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candid	ate:						DATE C	)F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YEAR	2	10	STH	DEM	1	<b>G</b>	—
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					11		8 2	022		(SEE INS	TRUCTIO	ONS FOR C	ODES)	,—
	Receipts and	МО	DAY YE	EAR				МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		5 3	20	)22		0	$\epsilon$	5	6 2	022						
A. Amount Bro	ught Forward Fro	m Last R	leport				\$			0	0.00						ļ
B. Total Moneta	ary Contributions	And Rec	eipts (From Se	ched	lule	I)	\$			C	0.00						ļ
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Expend	ditures (From Scl	nedule II	.I)				\$			0	.00						ļ
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			0	.00						ļ
F. Value Of In-l	Kind Contribution	s Receiv	ed (From Sche	edul	e II)	)	\$			0	.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$			0	.00						
			Α	\FFI	ΙDΑ	VI	T SE	CTION									
PART I - If this is			=						•								
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	a attached sched	lules	filed	on	paper o	or by elect	tronic m	edium, ar	e to t	he best of i	my know	rledge a	and belie	af , tru	ıe
Sworn to and subs	cribed before me th day of	is	20							Sign	ature	of Person	Submitti	ing Rep	ort		-
	- Signat			_	_	_	- -					Printe	d Name				-[
My Commission Ex	Signat opires	Jre										Email					-[
	мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a car	ıdidate's	authorized Co	omm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc		;									s	ignature of	Candida	te			-
	day of ————————————————————————————————————						_					Printed	Name				-
	Signature						-					••••••					
My Commission Exp	_											Email					
	МО	D	PAY	YR			-		Area	Code		Day	time Te	lephon	e Numbe	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

#### **Detailed Summary Page**

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
BROWN, AMEN	From:	5/3/202	<u>2</u> To:	6/6/2022
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	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
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			\$	0.00

#### **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							
				Fro	om:		То	•			
			·			DATE			AMOUNT		
Full Name of Contributing Co	mmittee				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.

0.00

### 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	an an Candidata		Rep	orting P	eriod			
Name of Filing Committee or Candidate				m:				
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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

9/15/2025 10:35:54 AM

#### **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	ame of Filing Committee or Candidate		Reporting	Period							
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.0			
Mailing Address							<b>-</b>   \$	0.0			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	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	2			Rep	orting Pe	riod					
				Fror	From:			То:			
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address								7			
City	State	Zi	p Code (Plus	s <b>4</b> )							
Employer Name	•				Occupation						
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dome C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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 Period		
BROWN, AMEN	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>
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 Car	ndidate		Reportin	g Period				
			From:			To		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			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	portin	ng Pe	eriod				
				Fro	m:			To:			
							DATE			АМ	IOUNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip C	ode(Plus 4)	Desc	ript	tion of Con	tribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed					PA	GE TOTAL
Summary Page, Section 3.	,										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					Reporting Period					
			From			То:					
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	<b>,</b> .			\$	0.00				