### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                              | on                     | 20200        | 0045        |                |                |        | Repo<br>Filed |      | <b>/</b> :     | CA      | NDII   | DATE     |        | COMN       | 1ITTEE             | <b>✓</b>       | LOBI         | BYIST  |           |             |
|---|------------------------|--------------|-------------|----------------|----------------|--------|---------------|------|----------------|---------|--------|----------|--------|------------|--------------------|----------------|--------------|--------|-----------|-------------|
| Name of Filing C  | ommittee               | , Candida    | ate or L    | obbyis         | st:            |        | CITIZ         | EN:  | S FO           | R AM    | EN E   | BROW     | N      |            |                    |                |              |        |           |             |
| Street Address:   | РО ВО                  | OX 42857     | 7           |                |                |        |               |      |                |         |        |          |        |            |                    |                |              |        |           |             |
| City:   | PHILA                  | DELPHIA      | <b>A</b>    |                |                |        |               |      |                | State   | e:     | PA       |        |            | Zip Cod            | le: 19         | 101          |        |           |             |
| TYPE OF<br>REPORT   | 6TH TUES               |              | 1.          | 2ND F<br>PRIMA | FRIDAY<br>ARY  | PRE-   | 2.            |      | 30 DA<br>PRIMA |         | Р      | OST-     | 3.     |            | AMENDM<br>REPORT?  |                | Yes          | ١      | lo        | <b>√</b>    |
| (place X to<br>the right of                                 | 6TH TUES               |              | 4.          | 2ND F          | FRIDAY<br>TION | PRE-   | - 5.          |      | 30 DA          |         | Р      | OST-     | 6.     |            | TERMINA<br>REPORT? |                | Yes          | ١      | lo        | <b>&gt;</b> |
| report type)  | ANNUAL                 | REPORT       | 7. <b>X</b> | Year           | 2022           |        |               |      |                | IG ME   |        | _        |        |            | PAPER              |                | $\checkmark$ | DISK   | ETTE      |             |
| Name of Office S  | ought by               | Candidat     | e:          |                |                |        |               |      |                | DAT     | ΕO     | F ELE    | CTIC   | N          | District<br>Number | Office<br>Code | Par          | ty Cod | e Coui    |             |
| REPRESENTATI  | \/E TN TUI             | = CENED      | AI ACC      | EMDI           | v              |        |               |      |                | МО      |        | DAY      | YI     | EAR        | 10                 | STH            | DEN          | 1      | 51        |             |
| REPRESENTATI  | VL IN IIII             | _ GLINEK     | AL ASS      | LINDL          | ı              |        |               |      |                |         | 11     |          | 8      | 2022       |                    | (SEE INS       | TRUCTI       | ONS FO | R CODES   | 5)          |
| Summary of Expenditures                                     |                        | and          | МО          | DA             | Y              | YEAR   |               | _    | _              | МО      |        | DAY      | Y      | EAR        | FO                 | R OFFIC        | E USE        | ONL    | 7         |             |
|   |                        |              | -           | 11             | 29             | 20     | )22           | T    | )<br>          |         | 12     |          | 31     | 2022       |                    |                |              |        |           |             |
| A. Amount Bro   | ught Forw              | ard From     | ı Last R    | eport          |                |        |               |      | \$             |         |        |          | 3,     | 544.27     |                    |                |              |        |           |             |
| B. Total Moneta   | ary Contri             | butions A    | And Rec     | eipts (        | (From          | Sched  | lule I        | ()   | \$             |         |        |          | 5,     | 000.00     |                    |                |              |        |           |             |
| C. Total Funds Available (Sum Of Lines A and B) \$ 8,544.27 |                        |              |             |                |                |        |               |      |                |         |        |          |        |            |                    |                |              |        |           |             |
| D. Total Expenditures (From Schedule III) \$ 6,744.14       |                        |              |             |                |                |        |               |      |                |         |        |          |        |            |                    |                |              |        |           |             |
| E. Ending Cash  | Balance (              | Subtract     | Line D      | From           | Line C         | :)     |               |      | \$             |         |        |          | 1,8    | 300.13     |                    |                |              |        |           |             |
| F. Value Of In-   | Kind Cont              | ributions    | Receive     | ed (Fr         | om Sc          | hedul  | e II)         |      | \$             |         |        |          |        | 0.00       |                    |                |              |        |           |             |
| G. Unpaid Debt  | s And Obl              | igations     | (From S     | Schedu         | ule IV)        | )      |               |      | \$             |         |        |          | Ġ      | 972.00     |                    |                |              |        |           |             |
|   |                        |              |             |                |                | AFF]   | [DA\          | /IT  | SE             | CTIO    | NC     |          |        |            |                    |                |              |        |           |             |
| PART I - If this is   |                        | -            | -           |                | _              |        |               |      |                |         |        |          |        | _          |                    |                |              |        |           |             |
| I swear (or affirm)<br>correct and comple                   |                        | eport, inclu | uding the   | attach         | ned sch        | edules | filed o       | on p | aper           | or by e | electr | onic m   | edium  | , are to t | he best o          | f my knov      | /ledge       | and be | lief , tr | ue          |
| Sworn to and subs   | cribed befo<br>day of  | re me this   |             | 20             |                |        |               |      |                |         |        |          | 5      | Signature  | of Perso           | 1 Submitt      | ing Rep      | ort    |           | _           |
|   |                        | Signatur     | e           | -              |                |        |               |      | •              |         |        |          |        |            | Prin               | ted Name       |              |        |           | _           |
| My Commission Ex  | opires _               |              |             |                |                |        |               |      |                |         |        |          |        |            | Emai               | il             |              |        |           |             |
|   | N                      | 10           | D           | AY             |                | YR     |               |      |                |         |        | Are      | ea Coo | de         | Daytim             | e Teleph       | one Nu       | mber   |           | $\Box$      |
| Part II- If this is   | a report               | of a cand    | idate's     | autho          | rized (        | Comm   | ittee,        | , Ca | ndid           | ate sl  | nall s | sign he  | ere.   |            |                    |                |              |        |           |             |
| I swear (or affirm)<br>No 320) as amende                    |                        | best of m    | y knowle    | edge ar        | nd belie       | f this | politic       | al d | omm            | ittee h | as no  | ot viola | ted ar | ny provisi | ions of the        | e act of Ju    | ne 3,1       | 937 (P | .L. 133   | з,          |
| Sworn to and subsc  | ribed before<br>day of | e me this    |             | 20             |                |        |               |      |                |         |        |          |        | Si         | ignature o         | of Candida     | te           |        |           | _           |
|   |                        |              |             | 20<br>-        |                |        |               |      |                |         |        |          |        |            | Printe             | d Name         |              |        |           | -           |
|   | s                      | ignature     |             |                |                |        |               | _    |                |         |        |          |        |            |                    |                |              |        |           | _           |
| My Commission Exp   | ires                   |              |             |                |                |        |               |      |                |         |        |          |        |            | Emai               | II.            |              |        |           |             |
|   | _                      | мо           | D           | AY             |                | YR     |               |      |                |         |        | Area     | Code   |            | Da                 | ytime Te       | lephor       | e Num  | ber       | _           |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |        |            |
|--|-----------|----------|--------|------------|
| CITIZENS FOR AMEN BROWN  | From:     | 11/29/20 | 22 To: | 12/31/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |        |            |
| TOTAL for the Reporting  | J 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)  |           |          | \$     | 2,500.00   |
| All Other Contributions (Part D)   |           |          | \$     | 2,500.00   |
| TOTAL for the Reporting  | ) Period  | (3)      | \$     | 5,000.00   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |        |            |
| TOTAL for the Reporting  | ) Period  | (4)      | \$     | 0.00       |
|  |           |          | 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 |           |          | \$     | 5,000.00   |

#### **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 | F                 | Reporting | Period |      |    |        |
|--------------------------------|-----------|-------------------|-----------|--------|------|----|--------|
|                                |           | F                 | rom:      |        | То   | :  |        |
|                                |           | ·                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing Comm | nittee    |                   | МО        | DAY    | YEAR |    |        |
| Mailing Address                |           |                   |           |        |      | \$ | 0.00   |
| City                           | State     | Zip Code (Plus 4) |           | 1      |      |    |        |

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 Commi     | ttee or Candidate |                   | Rep | orting P | eriod |      |            |        |
|--------------------------|-------------------|-------------------|-----|----------|-------|------|------------|--------|
|                          |                   |                   | Fro | m:       |       | To   | <b>)</b> : |        |
|                          |                   |                   |     |          | DATE  |      |            | AMOUNT |
| Full Name of Contributor |                   |                   |     | мо       | DAY   | YEAR |            |        |
| Mailing Address          |                   |                   |     |          |       |      | \$         | 0.00   |
| City                     | State             | Zip Code (Plus 4) | )   |          |       |      |            |        |

#### **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 P | Period     |     |            |
|---------------------------------------|-------------|------------|-----|------------|
| CITIZENS FOR AMEN BROWN               | From:       | 11/29/2022 | То: | 12/31/2022 |

DATE AMOUNT

| Full Name of Contributing Commit | ttee   | мо                | DAY | YEAR               |      |    |
|----------------------------------|--------|-------------------|-----|--------------------|------|----|
| Citizens for Jordan Harris       |        |                   |     | <b>\$</b> 2,500.00 |      |    |
| Mailing Address 2001 Federal     | Street |                   | 12  | 20                 | 2022 | _, |
| City Phialdelphia                | State  | Zip Code (Plus 4) |     |                    | 2022 |    |
|                                  | PA     | 19145             |     |                    |      |    |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 2,500.00

### 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   | Reporting Period   |               |          |         |            |                     |                              |                            |  |
|---|--------------------|---------------|----------|---------|------------|---------------------|------------------------------|----------------------------|--|
| CITIZENS FOR AMEN BROWN                 |                    |               | Fror     | m:      | 11/29/2    | <u>022</u> <b>T</b> | <b>To:</b> <u>12/31/2022</u> |                            |  |
|   |                    |               |          | D.A     | <b>ATE</b> |                     |                              | AMOUNT                     |  |
| Full Name of Contributor                |                    |               |          | мо      | DAY        | YEAR                | ٠ ـ                          | 2 500 00                   |  |
| Eugene Naydovich                        |                    |               |          |         |            | ,                   | \$                           | 2,500.00                   |  |
| Mailing Address 3720 Spruce Street      | #508               |               |          | 12      | 1          | 202                 | 2                            |                            |  |
| <b>City</b> Philadelphia                | State              | Zip Code (Plu | ıs 4)    | ] 12    | _          | 202                 | _                            |                            |  |
|   | PA                 | 19104         |          |         |            |                     |                              |                            |  |
| Employer Name Fitler                    |                    |               |          | Occupat | ion        | Owner               |                              |                            |  |
| Employer Mailing Address/Principal Plac | e of Business      | City          |          |         | State      |                     | Zip (                        | Code (Plus 4)              |  |
| 3720 Spruce Street #508                 |                    | Philadelp     | hia      |         | PA         |                     | 191                          | 04                         |  |
| Enter Grand Total of Part C on Scheo    | dule I, Detailed S | ummary Page   | , Sectio | on 3.   |            |                     | \$                           | <b>PAGE TOTAL</b> 2,500.00 |  |

## 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:  |            |
|                             |                           |                 |         | D        | ATE |      | AMOUNT     |
| Full Name                   |                           |                 |         | мо       | DAY | YEAR | \$<br>0.00 |
| Mailing Address             |                           |                 |         |          |     |      |            |
| City                        | State                     | Zip Code (      | Plus 4) |          |     |      |            |
| Receipt Description         | •                         | •               |         |          | •   |      |            |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad  | I C B           | C       |          |     |      | PAGE TOTAL |
| Enter Grand Total of Part   | c on scnedule 1, Detailed | i Summary Page, | Section | 4.       |     |      | \$<br>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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| CITIZENS FOR AMEN BROWN  | From:          | <u>11/29/2022</u> <b>To:</b> | 12/31/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | र                            |            |
| 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 Candidate          | ame of Filing Committee or Candidate |                     |          |          |      |          | Reporting Period |      |  |  |  |  |
|--|--------------------------------------|---------------------|----------|----------|------|----------|------------------|------|--|--|--|--|
|  |                                      |                     | From:    |          |      | To:      |                  |      |  |  |  |  |
|  |                                      |                     |          | DATE     |      |          | AMOUNT           |      |  |  |  |  |
| Full Name of Contributor                       |                                      |                     | мо       | DAY      | YEAR |          |                  |      |  |  |  |  |
| Mailing Address                                |                                      | _                   |          |          |      | <b> </b> |                  | 0.00 |  |  |  |  |
| City   | State                                | Zip Code (Plus 4)   |          |          |      |          |                  |      |  |  |  |  |
| Description of Contribution:                   |                                      | •                   | •        |          |      | •        |                  |      |  |  |  |  |
|  |                                      |                     |          |          |      |          |                  |      |  |  |  |  |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind (                   | Contributions Detai | iled Sum | mary Pag | je,  |          | PAGE TOTAL       |      |  |  |  |  |
|  |                                      |                     |          |          |      | \$       | (                | 0.00 |  |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | porting | Period         |        |      |                   |
|---|------------------|------|------------------|--------|---------|----------------|--------|------|-------------------|
|   |                  |      |                  | Fro    | m:      |                | То:    |      |                   |
|   |                  |      |                  |        |         | DATE           |        |      | AMOUNT            |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY            | YEAR   |      |                   |
| Mailing Address                         |                  |      |                  | -      |         |                |        | \$   | 0.00              |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |                |        |      |                   |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation          |        |      |                   |
| Employer Mailing Address/Principal Plac | ce of Business   | Cit  | ty               | State  | e Zij   | o Code(Plus 4) | Descri | ptio | n of Contribution |
| Enter Grand Total of Part G on Sch      | edule II, In-Kir | nd ( | Contributions D  | etaile | ed      |                |        |      | PAGE TOTAL        |
| Summary Page, Section 3.                |                  |      |                  |        |         |                |        |      | 0.00              |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting | Period     |     |            |
|---------------------------------------|-----------|------------|-----|------------|
| CITIZENS FOR AMEN BROWN               | From      | 11/29/2022 | To: | 12/31/2022 |

|   |       |                   |   | DATE                       | AMOUNT   |    |          |  |  |
|---|-------|-------------------|---|----------------------------|----------|----|----------|--|--|
| To Whom Paid                              |       |                   | мо  | DAY                        | YEAR     |    |          |  |  |
| Sameerah Shabazz                          |       |                   |   |                            |          |    |          |  |  |
| Mailing Address 122 S Ruby Street         |       |                   | 12  | 1                          | 2022     | \$ | 2,000.00 |  |  |
| <b>City</b> Philadelphia                  | State | Zip Code (Plus 4) | Descrip   | tion of Exp                | enditure |    |          |  |  |
|   | PA    | 19139             | political consulting and field clean up balance |                            |          |    |          |  |  |
| To Whom Paid                              |       |                   | мо  | DAY                        | YEAR     |    |          |  |  |
| Hotel Tonight Embassy's Suites            |       |                   | 140   |                            | ILAK     |    |          |  |  |
| Mailing Address 60 W 37th Street          |       |                   | 12  | 1                          | 2022     | \$ | 325.00   |  |  |
| City New York                             | State | Zip Code (Plus 4) | Description of Expenditure                      |                            |          |    |          |  |  |
|   | NY    | 10018             | travel - hotel                                  |                            |          |    |          |  |  |
| To Whom Paid                              |       |                   | мо  | DAY                        | YEAR     |    |          |  |  |
| Hotel Tonight Embassy's Suites            |       |                   | 140   |                            | ILAK     |    |          |  |  |
| Mailing Address 60 W 37th S               | treet |                   | 12  | 2                          | 2022     | \$ | 34.42    |  |  |
| City New York                             | State | Zip Code (Plus 4) | Description of Expenditure                      |                            |          |    |          |  |  |
|   | NY    | 10018             | travel expense -hotel facilities fee            |                            |          |    |          |  |  |
| To Whom Paid                              |       |                   | МО  | DAY                        | YEAR     |    |          |  |  |
| Hotel Tonight/Yotel                       |       |                   | МО  | DAY                        | YEAK     |    |          |  |  |
| Mailing Address 570 10th Av               | enue  |                   | 12  | 3                          | 2022     | \$ | 278.00   |  |  |
| City New York                             | State | Zip Code (Plus 4) | Description of Expenditure                      |                            |          |    |          |  |  |
|   | NY    | 10036             | travel - hotel                                  |                            |          |    |          |  |  |
| To Whom Paid                              |       |                   | мо  | DAY                        | YEAR     |    |          |  |  |
| Hotel Tonight/Yotel                       |       |                   | МО  | DAT                        | TEAK     |    |          |  |  |
| Mailing Address 570 10th Avenue           |       |                   | 12  | 3                          | 2022     | \$ | 43.03    |  |  |
| City New York                             | State | Zip Code (Plus 4) | Descrip   | Description of Expenditure |          |    |          |  |  |
|   | NY    | 10036             | travel expense -hotel facilities fee            |                            |          |    |          |  |  |
| To Whom Paid                              |       |                   | Mo  | DAY                        | VEAD     |    |          |  |  |
| Amtrak                                    |       |                   | МО  | DAY                        | YEAR     |    |          |  |  |
| Mailing Address 1 Massachusetts Avenue NW |       |                   | 12  | 2                          | 2022     | \$ | 166.00   |  |  |
| City Washington                           | State | Zip Code (Plus 4) | Description of Expenditure                      |                            |          |    |          |  |  |
| -   | DC    | 20001             | travel expense                                  |                            |          |    |          |  |  |
|   |       |                   |   | •                          |          |    |          |  |  |

| om Paid                                      |  |  | МО   | DAY  | YEAR                                 |  |            |  |  |  |
|--|--|--|--|--|--------------------------------------|--|------------|--|--|--|
| ActBlue/Vantiv                               |  |  |  |  |                                      |  |            |  |  |  |
| Address 366 Summer S                         | treet  |  | 12   | 5  | 2022                                 | \$                                       | 103.65     |  |  |  |
| Somerville                                   | State  | Zip Code (Plus 4)  | Descrip  | tion of Exp  | enditure                             |  |            |  |  |  |
| MA 02144                                     |  |  |  | processing fee   |                                      |  |            |  |  |  |
| om Paid                                      |  |  | МО   | DAY  | YEAR                                 |  |            |  |  |  |
| ActBlue/Vantiv                               |  |  |  |  |                                      |  |            |  |  |  |
| Mailing Address 366 Summer Street            |  |  | 12   | 9  | 2022                                 | \$                                       | 58.32      |  |  |  |
| Somerville                                   | State  | Zip Code (Plus 4)  | Descrip  | tion of Exp  | enditure                             |  |            |  |  |  |
|  | МА   | 02144  | process  | ing fee  |                                      |  |            |  |  |  |
| To Whom Paid                                 |  |  | мо   | DAY  | YEAR                                 |  |            |  |  |  |
| ounge  |  |  |  |  |                                      |  |            |  |  |  |
| Mailing Address 5420 Lancaster Avenue        |  |  |  | 11   | 2022                                 | <b>\$</b>                                | 1,537.50   |  |  |  |
| Philadelphia                                 | State  | Zip Code (Plus 4)  | Description of Expenditure   |  |                                      |  |            |  |  |  |
|  | PA   | 19131  | food for   | communit   |                                      |  |            |  |  |  |
| om Paid                                      |  |  | мо   | DAY  | YEAR                                 |  |            |  |  |  |
| Peerly                                       |  |  |  |  |                                      |  |            |  |  |  |
| Mailing Address 303 Williams Ave SW, Ste 281 |  |  | 12   | 12   | 2022                                 | \$                                       | 359.82     |  |  |  |
| Huntsville                                   | State  | Zip Code (Plus 4)  | Description of Expenditure   |  |                                      |  |            |  |  |  |
|  | AL   | 35801  | texting platform   |  |                                      |  |            |  |  |  |
| om Paid                                      |  |  | МО   | DAY  | YFAR                                 |  |            |  |  |  |
| ActBlue/Vantiv                               |  |  | 1-10   |  |                                      |  |            |  |  |  |
| Mailing Address 366 Summer Street            |  |  | 12   | 12   | 2022                                 | \$                                       | 9.00       |  |  |  |
| Somerville                                   | State  | Zip Code (Plus 4)  | Description of Expenditure   |  |                                      |  |            |  |  |  |
|  | MA   | 02144  | process  |  |                                      |  |            |  |  |  |
| To Whom Paid                                 |  |  |  | DAY  | YEAR                                 |  |            |  |  |  |
| man Press                                    |  |  | 1-10   |  | I Z A II X                           |  |            |  |  |  |
| Address 2715 S Front S                       | ss 2715 S Front Street   |  |  | 12   | 2022                                 | \$                                       | 329.40     |  |  |  |
| Philadelphia                                 | State  | Zip Code (Plus 4)  | Descrip  | tion of Exp  | enditure                             |  |            |  |  |  |
|  | PA   | 19148  | printing   |  |                                      |  |            |  |  |  |
| To Whom Paid                                 |  |  |  | DAY  | VEAD                                 |  |            |  |  |  |
| Media Stream Consulting                      |  |  | 1410   |  | ILAK                                 |  |            |  |  |  |
| Mailing Address P.O. Box 1300                |  |  | 12   | 28   | 2022                                 | \$                                       | 1,500.00   |  |  |  |
| Deventers                                    | State  | Zip Code (Plus 4)  | Descrip  | tion of Exp  | enditure                             |  |            |  |  |  |
| Bensalem                                     | City Bensalem State Zip Code (Plus 4) PA 19020   |  |  | political consulting   |                                      |  |            |  |  |  |
| Bensalem                                     | PA   | 19020  | political  | consulting   | ]                                    |  |            |  |  |  |
| Grand Total of Expenditu                     | •  | •  |  | consulting   | ]                                    |  | PAGE TOTAL |  |  |  |
|  | e/Vantiv  Address 366 Summer S  Somerville  Dom Paid e/Vantiv  Address 366 Summer S  Somerville  Dom Paid E/Vantiv  Address 303 Williams A  Huntsville  Dom Paid E/Vantiv  Address 366 Summer S  Somerville  Dom Paid E/Vantiv  Address 366 Summer S  Somerville  Dom Paid Stream Consulting | Address 366 Summer Street  Somerville State MA  MA  MA  MA  MA  MA  MA  MA  MA  MA | Address 366 Summer Street  Somerville State MA 02144  PART Paid Paid Paid Paid Paid Paid Paid Paid | Address 366 Summer Street 12  Somerville State Zip Code (Plus 4) Descript Process  MO  Address 366 Summer Street 12  Somerville State Zip Code (Plus 4) Descript Process  MO  Address 366 Summer Street 12  Somerville State Zip Code (Plus 4) Descript Process  MO  Address 5420 Lancaster Avenue 12  Philadelphia State Zip Code (Plus 4) Descript Process  MO  Address 303 Williams Ave SW, Ste 281  Huntsville State Zip Code (Plus 4) Descript Process  MO  Address 303 Williams Ave SW, Ste 281  Huntsville State Zip Code (Plus 4) Descript Process  MO  Address 366 Summer Street 12  Somerville State Zip Code (Plus 4) Descript Process  MO  MO  Address 366 Summer Street 12  Somerville State Zip Code (Plus 4) Descript Process  MO  MO  MO  MO  MO  MO  MO  MO  MO | Address   366 Summer Street   12   5 | Address   366 Summer Street   State   MA | Mo         |  |  |  |

## 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                                   |       |             | Reporting Period |                       |      |      |            |                           |
|---|-------|-------------|------------------|-----------------------|------|------|------------|---------------------------|
| CITIZENS FOR AMEN BROWN   |       |             | From:            | 11/29/2022 <b>To:</b> |      |      | 12/31/2022 |                           |
|   |       |             |                  |                       | DATE |      |            | tstanding<br>ance of Debt |
| Name of Creditor NGP VAN  |       |             |                  | мо                    | DAY  | YEAR |            |                           |
| Mailing Address 655 15th Street, NW Suite 650                           |       |             |                  | 12                    | 3    | 2022 | \$         | 972.00                    |
| City Washington   | State | Zip Code (P | lus 4)           | Description of Debt   |      |      |            |                           |
| DC 20005 fundraising/voter platfo                                       |       |             |                  | olatform              | 1    |      |            |                           |
|   |       |             |                  |                       |      |      |            | PAGE TOTAL                |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |                  |                       |      |      | \$         | 972.00                    |