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 | 20220 |)572 | | | Report Filed B | | CANDI | DATE | | СОМ | MITTEE | < | LOBE | BYIST | |
|--|--|--------------|-------------|----------------------|---------------|-------------------|---------------|---------------------|-----------|------------------------|------------|----------------------|----------------|--------------|-----------|----------------|
| Name of Filing | Committee, | Candida | ite or Lo | obbyist: | | | - | OR JUDG | E | | | | | | | |
| Street Address: 2008 CHESTNUT ST | | | | | | | | | | | | | | | | |
| City: | PHILA | DELPHIA | | | | | | State: PA Zip Code: | | | | | de: 19 | 103 | | |
| TYPE OF REPORT | 6TH TUESE PRE-PRIMA | | 1. | 2ND FRIDA PRIMARY | Y PRE- | · 2. | 30 D/ PRIM | | POST- | | | AMENDMENT REPORT? | | Yes | No | \checkmark |
| (place X to the right of | place X to PRE-ELECTION ELECTION | | | | 30 D/ ELEC | | POST- 6. | | | TERMINATION REPORT? | | Yes | No | \checkmark | | |
| report type) | ANNUAL F | REPORT | 7. X | Year 2023 | | | | NG METHO | | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office | Sought by (| Candidat | e: | | | | | DATE O | F ELEC | CTIO | N | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | мо | DAY | YE | AR | | | DEN | 1 | |
| | | | | | | | | 11 | | 7 | 2023 | | (SEE INS | STRUCTIO | ONS FOR | CODES) |
| Summary of | Receipts | and | мо | DAY | YEAR | | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | |
| Expenditure | s from: | | 1 | .1 28 | 20 | 023 T | 0 | 12 | 3 | 81 | 2023 | | | | | |
| A. Amount Bro | ought Forwa | ard From | Last Re | eport | | | \$ | | | 12,6 | 513.78 | | | | | |
| B. Total Monet | tary Contrib | outions A | nd Rece | eipts (From | Schee | dule I) | \$ | | 75.00 | | | | | | | |
| C. Total Funds | Available (| (Sum Of | Lines A | and B) | | | \$ | | | 12,6 | 588.78 | | | | | |
| D. Total Expen | nditures (Fr | om Sche | dule III | () | | | \$ | | | 8 | 80.76 | | | | | |
| E. Ending Cash | n Balance (S | Subtract | Line D | From Line | C) | | \$ | | | 11,8 | 08.02 | - | | | | |
| F. Value Of In- | -Kind Contr | ibutions | Receive | ed (From S | chedul | le II) | \$ | | | | 0.00 | 4 | | | | |
| G. Unpaid Deb | ts And Obli | gations | (From S | chedule IV |) | | \$ | | | 73,0 | 00.00 | | | | | |
| | | | | | AFF | IDAVI | Γ SE | CTION | | | | | | | | |
| PART I - If this i | | - | • | - | | | | | • • | | | - | | | | |
| I swear (or affirm correct and comp | | eport, inclu | iding the | attached sc | nedules | filed on | paper | or by elect | ronic me | dium, | , are to 1 | the best o | f my knov | vledge | and beli | ef , true |
| Sworn to and sub | scribed befor day of | e me this | | 20 | | | | | | s | ignature | e of Perso | n Submitt | ing Rep | oort | |
| | | Signatur | e | | | | _ | | | | | Prir | ted Name | 1 | | |
| My Commission E | xpires | | | | | | _ | | | | | Ema | il | | | |
| | M | 10 | DA | Y | YR | | | | Are | a Cod | e | Daytin | ne Teleph | one Nu | mber | |
| | Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. | | | | | | | | | | | | | | | |
| I swear (or affirm No 320) as amend | | best of m | y knowle | dge and beli | ef this | political | comm | ittee has n | ot violat | ed an | y provis | ions of th | e act of Ju | ine 3,19 | 937 (P.L | . 1333, |
| Sworn to and subs | cribed before day of | e me this | | 20 | | | | | | | s | ignature | of Candida | ate | | |
| | | | | | | | - | | | | | Printe | ed Name | | | |
| My Commission Ex | | gnature | | | | | - | | | | | Ema | il | | | |
| | | M0 | | | | | | | | Code | | | outime T | | o Nrimela | |
| | | мо | DA | ιY | YR | | | | Area (| ode | | D | aytime Te | erephon | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Page | 5 | | | |
|--|-----------|------------------|-----------------------|-------------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| BRAVEMAN FOR JUDGE | From: | <u>11/28/202</u> | 2 <u>3</u> To: | <u>12/31/2023</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | J Period | (1) | \$ | 75.00 |
| 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) | | | 1 | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | | | | |
| TOTAL for the Reporting | J 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 | | | \$ | 75.00 |
| | | | | |

PAGE 3

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 | | | | | | |
|---------------------------------------|-------|----------------|------|----|------------------|------|----|------------|--|--|--|
| | | | From | n: | | То | : | | | | |
| | | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Committee | | | 1 | 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 Fro | oorting P m: | eriod | тс |): | |
| | | | | | DATE | | | AMOUNT |
| | | | | | | 1 | | 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. \$ 0.00 | | | | | | | | |

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 | | А | MOUNT | |
| Full Name of Contributing Com | mittee | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | ſ | | PAGE TOTAL | |
| Enter Grand Total of Part C o | on Schedule I, Detaile | ed Summary Pa | age, Sectio | n 3. | | | \$ | 0.00 | |

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 Candidate | | | Reporting Period | | | | | | |
|---------------------------------------|-------------------------|-----------------|------------------|----|-----|------|----|---------|------|
| | | | From: | | | To: | | | |
| | | | 1 | D | ATE | | | AMOUNT | - |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | ; | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | I | | | | | 1 | | | |
| Entoy Cyand Tatal of Days 5 | an Sabadula I. Datailad | | Continu | 4 | | | | PAGE TO | TAL |
| Enter Grand Total of Part E | on Schedule 1, Detailed | i Summary Page, | Section | 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 Perio | d | |
|---|-----------------|-----------------------|-------------------|
| BRAVEMAN FOR JUDGE | From: | <u>11/28/2023</u> то: | <u>12/31/2023</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 PART | 「 F) | | |
| 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, I | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R | | | | Reporting Period | | | | | |
|--|--------------------|-------------------|----------|------------------|------|------|-------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | АМО | UNT | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | |
| Mailing Address | 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 | | |

0.00

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

| Name of Filing Committee or Candidate | | | | | | Reporting Period | | | | | |
|---|-----------------|---------|---------------|------|-----------|------------------|--------|----------|--------------|--|--|
| | | | | | From: | | То: | | | | |
| | | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | \$ | 0.00 | | |
| City | State | | Zip Code(Plus | 4) | | | | | | | |
| Employer of Contributor | | | 1 | | Occupa | l tion | | | | | |
| Employer Mailing Address/Prin Business | cipal Place of | City | Sta | te | Zip 4) | Code(Plus | Descri | ption of | Contribution | | |
| Enter Grand Total of Part G | Con Schedule II | In-Kind | Contributions | Dota | iled | | | | PAGE TOTAL | | |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | PAGE |
|--|------|

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | |
|---|--------------------|-----------------------------------|--|--|------|-------------------|--------|
| BRAVEMAN FOR JUDGE | | From | From <u>11/28/2023</u> To: | | | <u>12/31/2023</u> | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
| Mailing Address 1 CITIZENS PLAZA | | | 6 | 30 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | | Description of Expenditure MERCHANT FEE | | | |
| To Whom Paid NGP VAN | | | мо | DAY | YEAR | | |
| Mailing Address 655 15TH ST. NW STE 650 | | | 7 | 3 | 2023 | \$ | 162.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure SOFTWARE | | | | |
| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
| Mailing Address 1 CITIZENS PLAZA | | | 8 | 31 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | Description of Expenditure SERVICE CHARGE | | | | |
| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
| Mailing Address 1 CITIZENS PLAZA | | | 12 | 29 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | Description of Expenditure SERVICE CHARGE | | | | |
| To Whom Paid PARAGON SOLUTIONS | | | мо | DAY | YEAR | | |
| Mailing Address 1101 CONNECTICUT AVE NW STE 450 | | | 7 | 3 | 2023 | \$ | 20.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20036 | Description of Expenditure MERCHANT FEE | | | | |

| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
|---|---|-----------------------------------|--|--|--|----|---------------|
| Mailing Address 1 CITIZENS PLAZA | | | 7 | 31 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | | ntion of Exp DE CHARGE | | | |
| To Whom Paid PARAGON SOLUTIONS | | | мо | DAY | YEAR | | |
| Mailing Address 1101 CONNECTICUT AVE NW STE 450 | | | 8 | 2 | 2023 | \$ | 20.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20036 | Description of Expenditure MECHANT FEE | | | | |
| To Whom Paid AMAZON | | | мо | DAY | YEAR | | |
| Mailing Address 410 TERRY AVE N | | | 8 | 8 | 2023 | \$ | 63.76 |
| City SEATTLE | State WA | Zip Code (Plus 4) 98109 | Description of Expenditure OFFICE SUPPLIES | | | | |
| | | | | | | | |
| To Whom Paid CITIZENS BARKS | | I | мо | DAY | YEAR | | |
| | ZA | | MO | DAY 30 | YEAR 2023 | \$ | 3.00 |
| CITIZENS BARKS | ZA State RI | Zip Code (Plus 4) 02903 | 11 Descrip | | 2023 Denditure | | 3.00 |
| CITIZENS BARKS Mailing Address 1 CITIZENS PLA | State | | 11 Descrip | 30 otion of Exp | 2023 Denditure | | 3.00 |
| CITIZENS BARKS Mailing Address 1 CITIZENS PLA City PROVIDENCE To Whom Paid PARAGON SOLUTIONS | State | 02903 | 11 Descrip SERVIC | 30 htion of Exp CE CHARGE | 2023 penditure | | 3.00 20.00 |
| CITIZENS BARKS Mailing Address 1 CITIZENS PLA City PROVIDENCE To Whom Paid PARAGON SOLUTIONS | State RI | 02903 | 11 Descrip SERVIC MO 9 Descrip | 30 htion of Exp CE CHARGE DAY | 2023 penditure YEAR 2023 | \$ | |
| CITIZENS BARKS Mailing Address 1 CITIZENS PLA City PROVIDENCE To Whom Paid PARAGON SOLUTIONS Mailing Address 1101 CONNECT | State RI ICUT AVE NW STE 4 State | 02903 50 Zip Code (Plus 4) | 11 Descrip SERVIC MO 9 Descrip | 30 Inition of Exp CE CHARGE DAY 5 | 2023 penditure YEAR 2023 | \$ | |
| CITIZENS BARKS Mailing Address 1 CITIZENS PLA City PROVIDENCE To Whom Paid PARAGON SOLUTIONS Mailing Address 1101 CONNECT: City WASHINGTON To Whom Paid | State RI ICUT AVE NW STE 4 State | 02903 50 Zip Code (Plus 4) | 11 Descrip SERVIC MO 9 Descrip MERCH | 30 ation of Exp CE CHARGE DAY 5 stion of Exp ANT FEE | 2023 penditure YEAR 2023 penditure | \$ | |

| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
|---|--------------------|-----------------------------------|--|-----|------|--------|------------|
| Mailing Address 1 CITIZENS PLAZA | | | 9 | 29 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | Description of Expenditure SERVICE CHARGE | | | | |
| To Whom Paid CITIZENS BANKS | | | мо | DAY | YEAR | | |
| Mailing Address 1 CITIZENS PLAZA | | | 10 | 31 | 2023 | \$ | 3.00 |
| City PROVIDENCE | State RI | Zip Code (Plus 4) 02903 | Description of Expenditure SERVICE CHARGE | | | | |
| Enter Grand Total of Expenditu | res on Page 1 Pe | port Cover Page Item D | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | \$ | 880.76 | |