Campaign Finance Report

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

Filer Identification 20220144 Number:					Report Filed By :		CANI	DIDA	ATE		COMM	MITTEE		LOBBYIST				
Name of Filing C	Committee, Candid	ate or L	obbyist:	F	RIE	END	S OF .	JOHN E	3RO\	WN	_			_				_
Street Address:	500 SOUTH S	SEVENTH	1 STREET															
City:	BANGOR							State:	P	Ά			Zip Cod	le: 18	3013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2	2.	30 DA PRIMA		POS	POST- 3.			AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION					POS	POST- 6.			TERMINA REPORT?		Yes	No	•		
report type)	ANNUAL REPORT	7. X	Year 2023					IG MET					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	ite:						DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Code	Count	ty
· TELITENIANIT C	OVERNOR.							МО	D	AY	YE	AR		LTG	REP	•		
LIEUTENANT G	OVERNOR							1	.1	-	7	2023		(SEE IN	STRUCTIO	NS FOR C	ODES)	_
	Receipts and	МО	DAY YE	AR				МО	D	PAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		11 28	20)23	Т	0	1	L2	3	1	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	lule	: I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	edule II	1)				\$					0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				2,07	73.02						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II	()	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				7,09	99.22			1			
			А	FF]	ΙDΑ	\VI	T SE	CTIOI	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	didate	repo	ort, ca	ndid	ate sig	ın here.					
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached sched	ules	filed	d on	paper (or by ele	ctror	nic med	dium,	are to t	he best o	f my kno	wledge a	and belie	ef , tru	e,
Sworn to and subs	cribed before me thi day of	S	20						_		Si	gnature	of Perso	n Submit	ting Rep	ort		-
	Signati	ıre					-		_				Prin	ted Name	e			-
My Commission Ex	_								_				Emai	il				-
	МО	D.	AY	YR						Area	Code	e	Daytim	e Teleph	one Nu	nber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate sha	II sig	gn hei	re.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowle	edge and belief t	this	politi	tical	commi	ittee has	not	violate	ed any	, provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this								_			Si	ignature o	of Candid	ate			-
	day of						-		_				Printe	d Name				-
	Signature						-		_									_
My Commission Exp	ires												Emai	il				
	мо	D	AY	YR			-		_	Area C	ode		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOHN BROWN	From:	11/28/202	<u>3</u> To:	12/31/2023
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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 Fining Committee of Canadate					Reporting Period From: To:				
			Fro	m:		10):		
					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.

PAGE TOTAL \$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	lame of Filing Committee or Candidate Reporting				ng Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule 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 Can	nme of Filing Committee or Candidate				orting Pe	riod				
				Froi	m:		То	То:		
					D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name	•	,			Occupa	tion	•	•		
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	Section				\$	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 Per	iod	
FRIENDS OF JOHN BROWN	From:	<u>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	Name of Filing Committee or Candidate Re					Reporting Period					
	From:										
				DATE			AMOUNT				
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL				
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL				
						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	lame of Filing Committee or Candidate					porting P	Period				
						om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00