

Campaign Finance Report

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

Filer Identification Number : 20200045		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: CITIZENS FOR AMEN BROWN										
Street Address: PO BOX 42857										
City: PHILADELPHIA			State: PA		Zip Code: 19101					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	10	STH	DEM	51
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	22	2024	TO	11	25	2024		
A. Amount Brought Forward From Last Report				\$		24.13				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		10,735.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		10,759.13				
D. Total Expenditures (From Schedule III)				\$		9,625.81				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		1,133.32				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		14,220.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CITIZENS FOR AMEN BROWN	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

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)	\$ 10,700.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 10,700.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 35.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 10,735.00
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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: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					
Mailing Address	MO	DAY	YEAR		\$ 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 CITIZENS FOR AMEN BROWN	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
Citizens for Hughes	P.O. Box 13031	Philadelphia	10	22	2024	\$ 300.00
	State PA	Zip Code (Plus 4) 19101				
Laborers District Council PAC Fund	655 N. Broad Street, 5th Floor	Philadelphia	11	2	2024	\$ 5,000.00
	State PA	Zip Code (Plus 4) 19123				
Democratic Campaign Committee of Philadelphia	219 Spring Garden Street	Philaadelphia	11	1	2024	\$ 5,400.00
	State PA	Zip Code (Plus 4) 19123				

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

PAGE TOTAL
\$ 10,700.00

**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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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 CITIZENS FOR AMEN BROWN	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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	DATE			AMOUNT
Full Name	MO	DAY	YEAR	\$
TD Bank	11	5	2024	35.00
Mailing Address 3735 Market Street				
City Philadelphia				
State PA				
Zip Code (Plus 4) 19104				
Receipt Description refund of bank fee				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 35.00

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 CITIZENS FOR AMEN BROWN	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CITIZENS FOR AMEN BROWN	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Peerly	11	1	2024	\$	102.07
Mailing Address 400 N Pine Island Rd., Suite 300					
City Plantation	State FL	Zip Code (Plus 4) 33324	Description of Expenditure texting platform		
To Whom Paid	MO	DAY	YEAR		
Google LLC					
Mailing Address 1600 Amphitheatre Pkwy	11	4	2024	\$	46.65
City Mountain View	State CA	Zip Code (Plus 4) 94043	Description of Expenditure google suite		
To Whom Paid	MO	DAY	YEAR		
TD Bank					
Mailing Address 3735 Walnut Street	11	4	2024	\$	35.00
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure bank fee		
To Whom Paid	MO	DAY	YEAR		
TD Bank					
Mailing Address 3735 Walnut Street	11	5	2024	\$	35.00
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure bank fee		
To Whom Paid	MO	DAY	YEAR		
TD Bank					
Mailing Address 3735 Walnut Street	11	25	2024	\$	3.00
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure bank fee		
To Whom Paid	MO	DAY	YEAR		
Mailchimp					
Mailing Address 675 Ponce De Leon Ave NE, Suite 5000	11	12	2024	\$	28.62
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure email platform		

To Whom Paid Popeyes			MO	DAY	YEAR	\$ 40.47
Mailing Address 4322 Market Street			11	25	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure meeting			
To Whom Paid ALOFT			MO	DAY	YEAR	\$ 219.00
Mailing Address 558 Fellowship Rd			11	9	2024	
City Mt Laurel Township	State NJ	Zip Code (Plus 4) 08054	Description of Expenditure travel			
To Whom Paid Dennis Johnson			MO	DAY	YEAR	\$ 5,600.00
Mailing Address 137 S 50th Street			11	7	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure election workers for ward			
To Whom Paid Sameerah Shabazz			MO	DAY	YEAR	\$ 3,500.00
Mailing Address 122 S Ruby Street			11	7	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure lunches for election day workers			
To Whom Paid TD Bank			MO	DAY	YEAR	\$ 16.00
Mailing Address 3735 Walnut Street			11	7	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure bank fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 9,625.81

SCHEDULE IV

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 CITIZENS FOR AMEN BROWN	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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Name of Creditor	DATE			Outstanding Balance of Debt
	MO	DAY	YEAR	
Pennsylvania House Democratic Campaign Committee				
Mailing Address P.O. Box 35	10	22	2024	\$ 14,220.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Debt Campaign services	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 14,220.00
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