Campaign Finance Report

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

Filer Identificati Number :	on 2020	0045			Repo Filed		CA	WDI	DATE		COMN	AITTEE	Y	LUBB	1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	,	CITIZE	ENS FO	DR AM	1EN I	BROWN							
Street Address:	PO BOX 4285	7														
City:	PHILADELPHI <i>A</i>	Ą					Stat	e:	PA			Zip Co	de: 19	9101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIM		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	5.	30 D ELEC	AY TION	F	POST-	6.		TERMIN/ REPORT		Yes	No	√
report type)	ANNUAL REPORT	7. X	Year 2024				NG M					PAPER			DISKE	ГТЕ
Name of Office S	- Sought by Candidat	te:					DAT	ΓΕ Ο	F ELEC	TIO	N	District Number	Office Code	Part		County Code
							МО		DAY	YE	AR	10		DEM		51
								11		5	2024		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	rrom:		11 26	5 20	024	TO		12	3	1	2024					
A. Amount Bro	ught Forward Fron	1 Last R	eport			\$;			1,1	33.32					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)) 4	5				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			1,1	33.32					
D. Total Expend	ditures (From Sch	edule II	I)			\$	5			1,3	16.09					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		9	5			(18	2.77)					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	9	5				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		4	5			14,22	20.00					
						'IT SE										
	that this report, incl	•	_						-		_		of my kno	wledge a	nd belie	ef , true
-	cribed before me this									Çi.	anature	of Perso	n Submit	ting Den	ort	
	day of		_ 20			_				J.	gnature	. 01 7 6130	iii Subiiiiic	ting Kep		
	Signatu	re				_						Prin	ited Name	•		
My Commission Ex												Ema				
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No 320) as amende	ed.	iy Kilowi	euge and ben	iei tilis	politica	ii coiiiii	iiiccee i	iias ii	ot violat	eu any	piovis	ions or th	e act of 3	une 3,13	37 (F.L.	1333,
oworn to and subsc	ribed before me this day of		20								Si	ignature (of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	iil			
	мо	D	AY	YR		_			Area (Code		D	aytime T	elephone	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR AMEN BROWN	From:	11/26/202	<u>4</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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.

	or Candidate		Rep	orting P	eriod			
			Fro	m:		Te	o:	
		,			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.

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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 Per	iod	
CITIZENS FOR AMEN BROWN	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reportin	g Period			
			From:			To:	
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		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	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
CITIZENS FOR AMEN BROWN	From	11/26/2024	То:	12/31/2024

		DATE		AMOUNT
To Whom Paid	МО	DAY	YEAR	
Five Below	M		ILAK	
Mailing Address 24 W Dekalb Pike Suite #180	12	2	2024	\$ 92.99
City King of Prussia State Zip Code (PI	us 4) Descrip	tion of Exp	enditure	
PA 19406	supplie	s for event		
To Whom Paid	МО	DAY	YEAR	
Round 1 Bowling + Arcade	MO	DAT	ILAK	
Mailing Address 1001 Market Street	11	30	2024	\$ 72.95
City Philadelphia State Zip Code (PI	us 4) Descrip	tion of Exp	enditure	
PA 19107	volunte	er apprecia	ation	
To Whom Paid	МО	DAY	YEAR	
Sunoco	MO	DAT	ILAK	
Mailing Address 2201 Walnut Street	12	2	2024	\$ 63.45
City Philadelphia State Zip Code (PI	us 4) Descrip	tion of Exp	enditure	
PA 19103	travel	expense		
To Whom Paid	MO	DAV	VEAD	
To Whom Paid Wawa	МО	DAY	YEAR	
	MO 12	DAY 2	YEAR 2024	\$ 50.00
Wawa	12		2024	\$ 50.00
Wawa Mailing Address 635 Chews Landing Rd	12 us 4) Descrip	2	2024	\$ 50.00
Wawa Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (PI	12 us 4) Descriptravel (2 otion of Exp expense	2024 enditure	\$ 50.00
Wawa Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (Pl NJ 08021	12 us 4) Descrip	2 otion of Exp	2024	\$ 50.00
Wawa Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (Pl NJ 08021 To Whom Paid NJ 08021	12 us 4) Descriptravel (2 otion of Exp expense	2024 enditure	\$ 50.00 46.65
Wawa Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (Pl NJ 08021 To Whom Paid Google GSuite	us 4) Descriptravel (2 otion of Expexpense	2024 enditure YEAR 2024	
Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (Pl NJ 08021 To Whom Paid Google GSuite Mailing Address 1600 Amphitheatre Pkwy	us 4) Descriptravel (DAY 2 Otion of Exp expense DAY 2 Otion of Exp	2024 enditure YEAR 2024	
Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (Pl NJ 08021 To Whom Paid Google GSuite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State Zip Code (Pl	12 us 4) Descriptor travel of trave	2 expense DAY 2 otion of Expense continuous of Expense suite	2024 enditure YEAR 2024 enditure	
Mailing Address 635 Chews Landing Rd City Lindenwold State Zip Code (PI NJ 08021 To Whom Paid Google GSuite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State Zip Code (PI 94043	12 us 4) Descriptravel (MO 12 us 4) Description (Descriptio	DAY 2 Otion of Exp expense DAY 2 Otion of Exp	2024 enditure YEAR 2024	
Mailing Address 635 Chews Landing Rd City Lindenwold State NJ 08021 To Whom Paid Google GSuite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State CA 2ip Code (Pl 94043) To Whom Paid	12 us 4) Descriptor travel of trave	2 expense DAY 2 otion of Expense continuous of Expense suite	2024 enditure YEAR 2024 enditure	
Mailing Address 635 Chews Landing Rd City Lindenwold State NJ 08021 To Whom Paid Google GSuite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State Zip Code (Pl QA) CA 94043 To Whom Paid Hotel Tonight Merit New	12 us 4) Descriptravel of travel of	DAY 2 DAY 2 Dition of Exp suite DAY	2024 Penditure YEAR 2024 Penditure YEAR 2024	\$ 46.65

Mo	Mailing Address 200 S New Middletown Rd							
State Zip Code (Plus 4) Description of Expenditure Travel expense Travel expense	Mailing Address 200 S New Middletown Rd 12 4 2024							
State Zip Code (Plus 4) Description of Expenditure Travel expense	City Elwyn State PA 19063 travel expense To Whom Paid Hotel Tonight - Candlewood Mailing Address 339 W 39th Street City New York State NY 10018 travel expense To Whom Paid Hotel Tonight - Candlewood NY 10018 travel expense							
PA	To Whom Paid Hotel Tonight - Candlewood Mailing Address 339 W 39th Street City New York State NY 10018 To Whom Paid MO DAY YEAR To Whom Paid MO DAY YEAR To Whom Paid	\$	363.00					
Mo	To Whom Paid Hotel Tonight - Candlewood Mailing Address 339 W 39th Street City New York State Zip Code (Plus 4) Description of Expenditure NY 10018 To Whom Paid MO DAY YEAR	\$	363.00					
No	Hotel Tonight - Candlewood Mailing Address 339 W 39th Street City New York State NY 10018 To Whom Paid MO DAY YEAR 12 6 2024 Zip Code (Plus 4) 10018 Description of Expenditure travel expense	\$	363.00					
State	Hotel Tonight - Candlewood	\$ 	363.00					
ity New York State NY Description of Expenditure travel expense NY NY New York NY Description of Expenditure travel expense NY YEAR NY New York State Zip Code (Plus 4) Description of Expenditure meeting NY DAY YEAR NY DOWNOM Paid Unocco Lailing Address NJ TPK MILEPOST 111.6E 12 8 2024 \$ 65.00 Ity SECAUCUS State Zip Code (Plus 4) Description of Expenditure travel expense NJ O7094 Travel expense NJ DAY YEAR Lailing Address 675 Ponce De Leon Ave NE, Suite 5000 12 10 2024 \$ 28.62 Ity Atlanta State Zip Code (Plus 4) Description of Expenditure email platform O Whom Paid D Bank Lailing Address 3735 Walnut Street 12 11 2024 \$ 70.00 NJ ORAN YEAR Lailing Address 3735 Walnut Street 12 11 2024 \$ 70.00 PAGE TOTAL	City New York State Zip Code (Plus 4) Description of Expenditure NY 10018 travel expense To Whom Paid MO DAY YEAR	* 	363.00					
NY 10018 travel expense 10018 10018 travel expense 10018	NY 10018 travel expense To Whom Paid MO DAY YEAR							
Mo	To Whom Paid MO DAY YEAR							
No DAY YEAR	MO DAY YEAR							
New York State Zip Code (Plus 4) Description of Expenditure meeting								
State	Pioxy Platflott	4						
NY 10018 meeting	Mailing Address 485 7th Ave 12 6 2024	\$	34.42					
No Day YEAR	City New York State Zip Code (Plus 4) Description of Expenditure							
MO DAY YEAR	NY 10018 meeting							
State NJ TPK MILEPOST 111.6E 12 8 2024 \$ 65.00	To Whom Paid MO DAY YEAR							
ity SECAUCUS State NJ	Sunoco							
NJ 07094 travel expense NJ 07094 travel expense MO DAY YEAR Jailing Address 675 Ponce De Leon Ave NE, Suite 5000 NJ 12 10 2024 \$ 28.62 NJ 2024 \$ 28.62	Mailing AddressNJ TPK MILEPOST 111.6E1282024	\$	65.00					
o Whom Paid lailchimp lailing Address 675 Ponce De Leon Ave NE, Suite 5000 12 10 2024 \$ 28.62 ity Atlanta State Zip Code (Plus 4) Description of Expenditure email platform o Whom Paid D Bank lailing Address 3735 Walnut Street 12 11 2024 \$ 70.00 ity Philadelphia State Zip Code (Plus 4) Description of Expenditure bank fee	City SECAUCUS State Zip Code (Plus 4) Description of Expenditure							
Address 675 Ponce De Leon Ave NE, Suite 5000 12 10 2024 \$ 28.62 Ity Atlanta State Zip Code (Plus 4) Description of Expenditure GA 30308 email platform O Whom Paid D Bank	NJ 07094 travel expense							
Address 675 Ponce De Leon Ave NE, Suite 5000 12 10 2024 \$ 28.62 ity Atlanta State GA 30308 Panil platform O Whom Paid D Bank lailing Address 3735 Walnut Street 12 11 2024 \$ 70.00 ity Philadelphia State Zip Code (Plus 4) Description of Expenditure PA 19104 Page TOTAL	To Whom Paid MO DAY YEAR							
ity Atlanta State GA 30308 Code (Plus 4) Description of Expenditure	Mailchimp							
GA 30308 email platform O Whom Paid D Bank Iailing Address 3735 Walnut Street Ity Philadelphia State PA 19104 PAGE TOTAL	Mailing Address675 Ponce De Leon Ave NE, Suite 500012102024	\$	28.62					
o Whom Paid D Bank lailing Address 3735 Walnut Street 12 11 2024 \$ 70.00 ity Philadelphia State PA 19104 PAGE TOTAL	City Atlanta State Zip Code (Plus 4) Description of Expenditure	Description of Expenditure						
D Bank Iailing Address 3735 Walnut Street Ity Philadelphia State PA 19104 PAGE TOTAL	GA 30308 email platform	email platform						
D Bank Iailing Address 3735 Walnut Street Ity Philadelphia State PA 19104 PAGE TOTAL	To Whom Paid MO DAY YEAR							
ity Philadelphia State Zip Code (Plus 4) Description of Expenditure PA 19104 bank fee PAGE TOTAL	TD Bank							
PA 19104 bank fee PAGE TOTAL	Mailing Address3735 Walnut Street12112024	\$	70.00					
PAGE TOTAL	City Philadelphia State Zip Code (Plus 4) Description of Expenditure							
	PA 19104 bank fee							
	Enter Coand Total of Francischuses on Dono 1		PAGE TOTAL					
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. \$ 1,316.09	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$	1,316.09					

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:	<u>11/26/2024</u> To:			12/31/2024		
DATE								Outstanding Balance of Debt	
Name of Creditor Pennsylvania House Democratic Campaign Committee					DAY	YEAR			
Mailing Address P.O. Box 35			12	2	2024	\$	14,220.00		
City Harrisburg	State	Zip Code (P	lus 4)	Description of Debt					
PA 17101 campaign services									
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	14,220.00	