

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. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. X | 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 |
| | | | | MO | DAY | YEAR | 10 | | 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 | |
| | | 11 | 26 | 2024 | TO | 12 | 31 | 2024 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 1,133.32 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 0.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 1,133.32 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 1,316.09 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | (182.77) | | | | |
| 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>11/26/2024</u> To: <u>12/31/2024</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) | \$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 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 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 | | | | | \$ 0.00 |
| Mailing Address | MO | DAY | YEAR | | |
| 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 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: 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 C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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: 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 | Reporting Period |
| | From: _____ To: _____ |

| | | | | DATE | AMOUNT |
|----------------------------|-------|-------------------|------|------|--------|
| Full Name | MO | DAY | YEAR | | |
| | | | | \$ | 0.00 |
| Mailing Address | | | | | |
| City | State | Zip Code (Plus 4) | | | |
| Receipt Description | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 CITIZENS FOR AMEN BROWN | Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</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: _____ |
|--|--|

| | | | | 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>11/26/2024</u> To: <u>12/31/2024</u> |

| | | | | DATE | AMOUNT |
|--|-----------------|--------------------------------|--|------|--------|
| To Whom Paid | MO | DAY | YEAR | | |
| Five Below | 12 | 2 | 2024 | \$ | 92.99 |
| Mailing Address 24 W Dekalb Pike Suite #180 | | | | | |
| City King of Prussia | State PA | Zip Code (Plus 4) 19406 | Description of Expenditure supplies for event | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Round 1 Bowling + Arcade | 11 | 30 | 2024 | \$ | 72.95 |
| Mailing Address 1001 Market Street | | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure volunteer appreciation | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Sunoco | 12 | 2 | 2024 | \$ | 63.45 |
| Mailing Address 2201 Walnut Street | | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure travel expense | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Wawa | 12 | 2 | 2024 | \$ | 50.00 |
| Mailing Address 635 Chews Landing Rd | | | | | |
| City Lindenwold | State NJ | Zip Code (Plus 4) 08021 | Description of Expenditure travel expense | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Google GSuite | 12 | 2 | 2024 | \$ | 46.65 |
| Mailing Address 1600 Amphitheatre Pkwy | | | | | |
| City Mountain View | State CA | Zip Code (Plus 4) 94043 | Description of Expenditure google suite | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Hotel Tonight Merit New | 12 | 3 | 2024 | \$ | 357.00 |
| Mailing Address 342 W 40th Street | | | | | |
| City New York | State NY | Zip Code (Plus 4) 10018 | Description of Expenditure travel expense | | |

| | | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|-------------------|----------|
| To Whom Paid Sunoco | | | MO | DAY | YEAR | \$ | 72.01 |
| Mailing Address 200 S New Middletown Rd | | | 12 | 4 | 2024 | | |
| City Elwyn | State PA | Zip Code (Plus 4) 19063 | Description of Expenditure travel expense | | | | |
| To Whom Paid Hotel Tonight - Candlewood | | | MO | DAY | YEAR | \$ | 363.00 |
| Mailing Address 339 W 39th Street | | | 12 | 6 | 2024 | | |
| City New York | State NY | Zip Code (Plus 4) 10018 | Description of Expenditure travel expense | | | | |
| To Whom Paid Moxy Marriott | | | MO | DAY | YEAR | \$ | 34.42 |
| Mailing Address 485 7th Ave | | | 12 | 6 | 2024 | | |
| City New York | State NY | Zip Code (Plus 4) 10018 | Description of Expenditure meeting | | | | |
| To Whom Paid Sunoco | | | MO | DAY | YEAR | \$ | 65.00 |
| Mailing Address NJ TPK MILEPOST 111.6E | | | 12 | 8 | 2024 | | |
| City SECAUCUS | State NJ | Zip Code (Plus 4) 07094 | Description of Expenditure travel expense | | | | |
| To Whom Paid Mailchimp | | | MO | DAY | YEAR | \$ | 28.62 |
| Mailing Address 675 Ponce De Leon Ave NE, Suite 5000 | | | 12 | 10 | 2024 | | |
| City Atlanta | State GA | Zip Code (Plus 4) 30308 | Description of Expenditure email platform | | | | |
| To Whom Paid TD Bank | | | MO | DAY | YEAR | \$ | 70.00 |
| Mailing Address 3735 Walnut Street | | | 12 | 11 | 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 | |
| | | | | | | \$ | 1,316.09 |

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>11/26/2024</u> To: <u>12/31/2024</u> |
|---|--|

| Name of Creditor | DATE | | | Outstanding Balance of Debt |
|--|-----------------|--------------------------------|--|--------------------------------|
| | MO | DAY | YEAR | |
| Pennsylvania House Democratic Campaign Committee | | | | |
| Mailing Address P.O. Box 35 | 12 | 2 | 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 |
|--|-----------------------------------|