

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2019C0007	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Amen Brown							
Street Address	3600 Conshohocken Ave Apt 710							
City	Phila	State	Pa	Zip Code	19131			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	03/12/2019		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	1-1-2019	2-25-2019		
A. Amount Brought Forward From Last Report	\$	0	COUNTY BD. OF ELECTIONS 2019 MAR 11 P 1:17 CITY COMMISSIONERS	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	0		
D. Total Expenditures (From Schedule III)	\$	9793.92		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-9793.92		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 11th day of March 20 19.

Victoria C. Drummond
Signature

My Commission expires January 25, 2021
MO. DAY YR.

[Signature]
Signature of Person Submitting report
Amen Brown
Printed Name

267 386-6227
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.

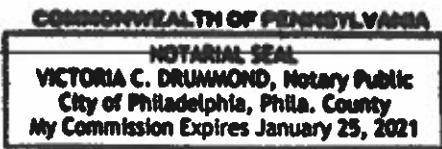
Sworn to and subscribed before me this 11th day of March 20 19.

Victoria C. Drummond
Signature

My Commission expires January 25, 2021
MO. DAY YR.

[Signature]
Signature of Candidate
Amen Brown
Printed Name

267 386-6227
Area Code Daytime Telephone Number



SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	2019C0007
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)		\$	
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All Other Contributions (Part B)		\$	
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Total for the reporting period	(2)	\$	
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)		\$	
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All Other Contributions (Part D)		\$	
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Total for the reporting period	(3)	\$	
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	
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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.

Filer Identification Number	2019C0007
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							Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		§	
House #	Street Address			Date [MM/DD/YYYY]		§		
City	State		Zip Code		Date [MM/DD/YYYY]		§	

PART B
All Other Contributions

§ 50.01 TO § 250

Use this Part to itemize all other contributions with an aggregate value from
§ 50.01 TO § 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	2019C0007
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Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	
Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	
Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	
Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	
Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	
Full Name of Contributor					Date [MM/DD/YYYY]	§		
House #					Street Address		Date [MM/DD/YYYY]	§
City	State			Zip Code	Date [MM/DD/YYYY]		§	

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 over \$ 250.00 in the reporting period.

Filer Identification Number:	2019C0007
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	2019C0007
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Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

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.

Filer Identification Number:	2019C0007
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Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	§
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	§
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	§
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	§
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	§
Receipt Description								

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

Filer Identification Number:	2019C0007
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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, Report Cover Page, Item F)		\$
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**SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

Filer Identification Number:	2019C0007
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Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #		Street Address			Date [MM/DD/YYYY]	§	
City		State		Zip Code		Date [MM/DD/YYYY]	§
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #		Street Address			Date [MM/DD/YYYY]	§	
City		State		Zip Code		Date [MM/DD/YYYY]	§
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #		Street Address			Date [MM/DD/YYYY]	§	
City		State		Zip Code		Date [MM/DD/YYYY]	§
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #		Street Address			Date [MM/DD/YYYY]	§	
City		State		Zip Code		Date [MM/DD/YYYY]	§
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #		Street Address			Date [MM/DD/YYYY]	§	
City		State		Zip Code		Date [MM/DD/YYYY]	§
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

Filer Identification Number:	2019C0007
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Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	§	
House #	Street Address			Date [MM/DD/YYYY]		§	
City	State		Zip Code	Date [MM/DD/YYYY]		§	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	2019C0007
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To Whom Paid	Friends of Amen Brown				Date [MM/DD/YYYY]	§	\$9,793.92
House #	Street Address	Description of Expenditure					
City	State	Zip Code	phones, bill boards				
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	§	
House #	Street Address	Description of Expenditure					
City	State	Zip Code					

**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.

Filer Identification Number:	2019C0007
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						