



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

**Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1**

**THIS AREA FOR OFFICIAL USE  
ONLY**

This document was filed electronically on 02/26/2024 at 11:16AM with the Elections Division, Office of the Alabama Secretary of State.

Please Print in Ink or Type.

Type of Report (check one)

Name of Candidate or Elected Official CHUANTAE BROWN		Political Party / Ballot Affiliation DEMOCRAT	
Office Sought or Held (include district or circuit number, if applicable) DISTRICT COURT JUDGE, JEFFERSON COUNTY PL 11			
Address Check box if reporting new address PO BOX 28030			
City BIRMINGHAM	State AL	ZIP Code 35228	Telephone Number (205) 515-9209

Monthly       Amended Monthly  
 Weekly       Amended Weekly

**For Monthly Reports**  
Month in which the report is filed.

**For Weekly Reports**  
Date of Friday in the week in which the report is filed. 02/23/2024

**Summary of activity from last filed report**

1	Beginning balance (ending balance from previous filing)		1	\$153,019.78
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	\$2,100.00	
2b	Non-itemized cash contributions	2b	\$150.00	
2d	Total cash contributions (add lines 2a, 2b, and 2c)		2c	\$2,250.00
<b>In Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00	
3b	Non-itemized in-kind contributions	3b	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	
<b>Receipts from Other Sources</b>				
4a	Total itemized receipts from other sources (total from Form 4)	4a	\$0.00	
4b	Total non-itemized receipts from other sources	4b	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)		4c	\$0.00
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	\$1,507.05	
5b	Non-itemized expenditures	5b	\$110.64	
5c	Total expenditures (add lines 5a and 5b)		5c	\$1,617.69
<b>Expenditures on Line of Credit</b>				
6a	Itemized expenditures (total from Form 6)	6a	\$0.00	
6b	Non-itemized expenditures	6b	\$0.00	
6c	Total expenditures (add lines 6a and 6b)	6c	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7	\$153,652.09

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_. My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

Electronically signed by CHUANTAE BROWN, CANDIDATE      02/26/2024

\_\_\_\_\_  
Signature of Notary Public

Signature of Candidate or Elected Official      Date

\_\_\_\_\_  
Print Notary's Name



# FORM 2: Contributions

received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: **CHUANTAE BROWN**

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo/day/yr)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
MELANIE BOUYER	1053 MINNESOTA AVE BESSEMER, AL 35020		X				02/15/2024	\$200.00
ZITA ORJI	153 DANBURY STREET SW WASHINGTON, DC 20032		X				02/19/2024	\$500.00
EMORY ANTHONY	1117 22ND STREET BIRMINGHAM, AL 35205		X				02/21/2024	\$1,200.00
JASMIN BUSH	N/A WASHINGTON, DC 20008		X				02/23/2024	\$200.00
FORM REVISED ON 11.22.2012	<b>TOTAL CASH CONTRIBUTIONS</b>							\$2,100.00



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

**CHUANTAE BROWN**

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE				
		Administrative	Advertising	Consultants/Poling	Charitable Contributions	Food	Fundraising	Loan Repayment	Lodging	Transportation	Reimbursement	Refund			Qualifying Fee	Duties of the Office	Inaugural	OTHER GIVE BRIEF EXPLANATION
CONCERNED CITIZENS OF HUEYTOWN	N/A HUEYTOWN, AL 35023				X												02/22/2024	\$500.00
23 DESIGN	115 DAVID GREEN RD BIRMINGHAM, AL 35244		X														02/23/2024	\$1007.05
FORM REVISED 9.2.2011	<b>TOTAL EXPENDITURES</b>																<b>\$1507.05</b>	