

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

9511 000001

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF COMMITTEE CONTRIBUTING LOBBYIST DATE _____

NAME OF COMMITTEE OR LOBBYIST FRIENDS OF BLONDELL REYNOLDS BROWN			CHECK BELOW: <input type="checkbox"/> INITIAL REGISTRATION <input checked="" type="checkbox"/> AMENDED REGISTRATION IF THIS IS AN AMENDMENT: FILER ID NUMBER 232789937 CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input checked="" type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)
ADDRESS P.O. Box 8386			
CITY PHILADELPHIA	STATE PA	ZIP-PLUS FOUR 19101-8386	
COUNTY PHILA DELPHIA			
DAYTIME TELEPHONE NUMBER: AREA 215 879-2444			
E-MAIL ADDRESS: NONE			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

SUPPORTED CANDIDATES

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the offices of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body
BLONDELL REYNOLDS BROWN	2408 N. 52ND ST. PH. 19131	PHILA CITY COUNCIL	DEM

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR _____ ONLY INDEFINITELY

FOR OFFICE USE ONLY

DEPT. OF STATE
 DIVISION OF STATE
 ELECTIONS

APR 19 11:26

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-500 (12-99)W

Replaces 2/2/98

AFFILIATED AND CONNECTED ORGANIZATIONS

Affiliated means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

Connected means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT

APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON

FULL NAME OF CHAIRPERSON	MAILING ADDRESS AND ZIP CODE
DAYTIME TELEPHONE NUMBER	
AREA _____ NUMBER _____	

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.


_____ SIGNATURE OF CHAIRPERSON _____ DATE _____

APPOINTMENT AND ACCEPTANCE OF TREASURER

FULL NAME OF TREASURER <i>Gail Antoinette Scarborough</i>	MAILING ADDRESS AND ZIP CODE <i>7235 Leonard St</i>
DAYTIME TELEPHONE NUMBER	<i>Phila. PA. 19149</i>
AREA <i>267</i> NUMBER <i>272 5018</i>	

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

Gail Scarborough SIGNATURE OF TREASURER _____ DATE *7/20/06* _____

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
<i>WACHOVIA BANK</i>	<i>1500 MARKET ST. PHILA. PA. 19107</i>	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT <i>JOHN D. McLANEEL</i>	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT 	DATE <i>7/20/06</i>