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 :	i on 2019	0026			Report Filed E		CANDI	DATE	[СОММ	1ITTEE	✓	LOBI	BYIST	
	Committee, Candida	ate or Lo	obbyist:			-	E BROBS	SON CC) MMI	TTEE					1
Street Address:	P.O. BOX 93														
City:	HARRISBURG						State:	PA			Zip Co	de: 17	108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELECT		POST-	6.		TERMIN REPORT		Yes	✓ No	
report type)	ANNUAL REPORT	7. X	Year 2019				NG METHO CHECK O	-			PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	:e:			!		DATE O	F ELE	СТІОІ	N	District Number	Office Code	Par	ty Code	County Code
		COURT	-				мо	DAY	YE	AR		CCJ	REP		22
JUDGE OF THE	COMMONWEALTH	COORT					11		5	2019		(SEE INS	STRUCTI	ONS FOR (CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	YE	AR	FC	DR OFFIC	E USE	ONLY	
Expenditures	s from:	1	26	20	019 T	0	12	(5)	31	2019					
A. Amount Bro	ught Forward From	n Last Re	eport			\$			2,2	86.16					
B. Total Monet	ary Contributions A	And Rece	eipts (From	Schee	dule I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			2,2	86.16					
D. Total Expenditures (From Schedule III)									2,28	86.16					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				0.00	-				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	le II)	\$			87	73.70	-				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee repo) that this report, inclu											of my know	vledae	and heli	of true
correct and compl	ete.	-	attached sci	leadies	incu on	рарег	or by ciect		surum,		ine best e	n niy kilov	reuge		
Sworn to and subs	cribed before me this day of		20						Si	gnature	e of Perso	on Submitt	ing Rep	oort	
	Signatur	'e	-			_					Prin	ited Name			
My Commission E	-										Ema	nil			
	мо	DA	AY	YR				Are	ea Code	9	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of med.	ıy knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	/ provisi	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							Si	ignature (of Candida	ite		
						-					Printe	ed Name			
My Commission Exp	Signature bires					-					Ema	il			
	мо	DA	AY	YR		-		Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RETAIN JUDGE BROBSON COMMITTEE From: <u>11/26/2019</u> **To:** 12/31/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	te		Re	porting	Period			
	F				From: To			
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Candidat	e		Rep	orting P	eriod				
	From: To:								
					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.\$0.00									

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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd					
			From: To					:		
			I	D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	Receipt Description									
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL	
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		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 Pe	eriod							
RETAIN JUDGE BROBSON COMMITTEE	From:	<u>11/26/2019</u> то:	<u>12/31/2019</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	873.70						
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, 3		\$	873.70						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor			мо	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 Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Rej	porting	g Pe	riod		
RETAIN JUDGE BROBSON COMMITTEE					Fro	m:		<u>11/26/201</u>	<u>.9</u> To:	<u>12/31/2019</u>
								DATE		AMOUNT
Full Name of Contributor KEVIN BROBSON						мо		DAY	YEAR	
Mailing Address 3400 HICKORY HOLI	LOW RD						T			\$ 68.00
City HARRISBURG	State PA		Zip Code(F	Plus 4)		12		11	2019	
Employer of Contributor						Occup	patio	on		
Employer Mailing Address/Principal Place of Business City State						Zi 4		ode(Plus	Descri	ption of Contribution
Full Name of Contributor KEVIN BROBSON						мо		DAY	YEAR	
Mailing Address 3400 HICKORY HOLI	_OW RD									\$ 32.84
City HARRISBURG	State PA		Zip Code(F 17112	Plus 4)		12		11	2019	
Employer of Contributor	1		1			Occupation				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zi 4		ode(Plus	Descri	ption of Contribution
Full Name of Contributor KEVIN BROBSON		<u>.</u>				мо		DAY	YEAR	
Mailing Address 3400 HICKORY HOLI	_OW RD									\$ 395.28
City HARRISBURG	State PA		Zip Code(F	Plus 4)		12	2	11	2019	
Employer of Contributor						Occup	patio	on		
Employer Mailing Address/Principal Plac Business	e of	City		State		Zi 4	ip C)	ode(Plus	Descri	ption of Contribution

PAGE 11

Full Name of Contributor						DAY	YEAR		
KEVIN BROBSON					мо	DAY	TEAR		
Mailing Address 3400 HICKO	RY HOLLOW RD							\$ 320.78	
City HARRISBURG	State		Zip Code(F	Plus 4)	12	11	2019		
	PA		17112						
Employer of Contributor	I				Occupat	ion	1		
Employer Mailing Address/Princ Business	ipal Place of	City		State	Zip (Code(Plus	Description of Contribution		
30511655							MILEAG	GE	
Full Name of Contributor KEVIN BROBSON					мо	DAY	YEAR		
Mailing Address 3400 HICKO	RY HOLLOW RD							\$ 4.4	
City HARRISBURG	State		Zip Code(F	Plus 4)	12	11	2019		
	PA		17112						
Employer of Contributor					Occupat	ion	-		
Employer Mailing Address/Princ Business	ipal Place of	City State			Zip (4)	Zip Code(Plus 4)		ption of Contribution	
							MILEA	GE	
Full Name of Contributor						DAY	VEAD		
KEVIN BROBSON					мо	DAY	YEAR		
								\$ 52.4(
Mailing Address 3400 HICKO	RY HOLLOW RD							- 52.10	
Mailing Address 3400 HICKO	RY HOLLOW RD		Zip Code(F	Plus 4)	12	11	2019	+ 52.1	
- 5400 HICKO			Zip Code(F	Plus 4)	12	11	2019	÷ 52.1	
- 5400 HICKO	State			Plus 4)	Occupat		2019		
City HARRISBURG	State PA	City		Plus 4) State	Occupat			ption of Contribution	
City HARRISBURG	State PA	City			Occupat	ion		ption of Contribution	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporti	ng Period			
RETAIN JUDGE BROBSON COMMITTEE			From	<u>11/2</u>	То:	<u>12/31/2019</u>	
	DATE AMO						
To Whom Paid KEVIN BROBSON	мо	DAY	YEAR				
Mailing Address 3400 HICKORY HOL	LOW RD		12	11	2019	\$	2,286.16
City HARRISBURG	State PA	Zip Code (Plus 4) 17112		otion of Exp JRSEMENT			
					PAGE TOTAL		
Enter Grand Total of Expenditures).			\$	2,286.16		