Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 202	0C1171			Report Filed B		CANDI	DATE	✓	СС	OMMITTE		LOBI	BYIST		
	Committee, Candi	date or Lo	obbyist:		BRETT \	-	RMAN									
Street Address:	-															
City:							State:				Zip Cod	Zip Code: 19073				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	OST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST-	6.		TERMINA REPORT?	TION	Yes	🗸 No		
report type)	ANNUAL REPOR	7 . X	Year 2020				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candid	ate:					DATE O	FELE			District Number	Office Code	Par	ty Code	County Code	
CENATOD IN T							мо	DAY	YEA	R	9	STS	DEN	1		
SENATOR IN THE GENERAL ASSEMBLY							11		3	2020]	(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR							мо	DAY	YE/	AR	FOI		E USE	ONLY		
Expenditure	s from:	:	11 24	2	020 T	0	12	3	31	2020						
A. Amount Bro	ought Forward Fro	m Last R	eport			\$		-		0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	\$ 1,950.00									
C. Total Funds	Available (Sum C	of Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Scl	nedule II	I)			\$			15,00	0.00						
E. Ending Cast	n Balance (Subtra	ct Line D	From Line	C)		\$				0.00						
F. Value Of In-	-Kind Contributior	ns Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule IV	()		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	is a Committee re		-								-	-				
I swear (or affirm correct and comp) that this report, in lete.	cluding the	e attached sc	hedule	s filed on	paper	or by elect	ronic me	edium, a	are to	the best of	my knov	vledge	and beli	ef , true	
Sworn to and sub	scribed before me th day of	is	20						Sig	gnatur	e of Person	Submitt	ing Rep	oort		
	Signat	ure				-					Print	ed Name				
My Commission E	-										Email					
	мо	D/	AY	YR		_		Are	a Code		Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	edge and beli	ef this	political	comm	ittee has n	ot viola	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this day of 20										s	ignature of	^F Candida	ite			
						-					Printeo	l Name				
My Commission Ex	Signature pires					-					Email					
	мо	D	AY	YR	1	-		Area	Code		Da	ytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BRETT W BURMAN From: <u>11/24/2020</u> **To:** <u>12/31/2020</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 1,950.00 \$ **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)** 1,950.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,950.00 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 \$ 3,900.00 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 Candidate			Reporting Period					
	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 Froi	orting P m:	eriod	тс):	
					DATE			AMOUNT
								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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

PAGE 5

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						
BRETT W BURMAN				<u>11/2</u>	4/2020	То:	<u>12/31/2020</u>			
				DA	TE		A	MOUNT		
Full Name of Contributing Committee FRIENDS OF BRETT BURMAN				мо	DAY	YEAR				
Mailing Address 1064 TYLER DRIV	-						\$	1,950.00		
City NEWTOWN SQUARE	State PA	Zip Cod 19073	e (Plus 4)	12	30	2020				
Enter Grand Total of Part C on Sch	edule I, Detai	iled Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 1,950.00		

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		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Princi Business	pal Place of		City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C o	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-,						5	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	Name of Filing Committee or Candidate			ting Perio	od				
						То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section				\$		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 Perio	d	
BRETT W BURMAN	From:	<u>11/24/2020</u> то:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description of Co			of Contribution		
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
BRETT W BURMAN	From	<u>11/24</u>	То:	<u>12/31/2020</u>								
		AMOUNT										
To Whom Paid FRIENDS OF BRETT BURMAN	мо	DAY	YEAR									
Mailing Address 1064 TYLER DRIVE			12	30	2020	\$	13,050.00					
City NEWTOWN SQUARE State Zip Code (Plus 4) PA 19073				Description of Expenditure FULL DEBT FORGIVENESS								
							PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	13,050.00					