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 2021	C0082			Repo Filed		CAND	IDATE	√	co	OMMITTE	E	LOBI	BYIST		
Name of Filing (Committee, Candid	ate or Lo	bbyist:		KEVIN	BROE	BSON									
Street Address:																
City:							State:				Zip Cod	Zip Code: 17112				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2.				DAY 1ARY	POST-			AMENDMENT REPORT?		Yes	No	 ✓ 	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X					DAY CTION	POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2021				ING METH CHECK C				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candidat	te:					DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	Y	'EAR	-1	SPM	REP	,	•	
JUSTICE OF THE SUPREME COURT							1:	1	2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR							мо	DAY	Y	'EAR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		6 8	2	021	ГО	9	Э	13	2021						
A. Amount Bro	ught Forward From	n Last Re	eport			ģ	\$			0.00						
B. Total Monet	ary Contributions	And Rece	eipts (Fron	1 Sche	dule I)	9	\$	0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			9	\$			0.00						
D. Total Expen	ditures (From Sch	edule III	:)			9	\$			0.00						
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)			\$			0.00						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		9	\$			0.00						
				AFF	IDAV	IT SI	ECTION									
	s a Committee repo												dadaa	and hali	of true	
correct and compl) that this report, incl ete.	luaing the	attached sc	nequie	s med or	і рареі	r or by elec	tronic n	lealur	n, are to	the best of	ту клом	neage	and ben	er, true	
Sworn to and subs	scribed before me this day of	5	20							Signature	e of Person	Submitt	ing Rep	oort		
	Signatu	re									Print	ed Name				
My Commission E	xpires										Emai	I				
	МО	DA	Y	YR				Aı	ea Co	de	Daytime	e Telepho	one Nu	mber		
I swear (or affirm)	a report of a cand) that to the best of n							-		ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	1333,	
No 320) as amend Sworn to and subse	ed. cribed before me this															
	day of		20							S	ignature o	f Candida	te			
						_					Printee	d Name				
My Commission Exp	Signature pires										Emai	1				
	мо	DA	ι γ	YR	1	_		Area	Code	1	Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period KEVIN BROBSON** From: <u>6/8/2021</u> **To:** <u>9/13/2021</u> 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 Candidate			Reporting Period					
			From:		То	:		
		÷		DATE			AMOUNT	
Full Name of Contributing C	Committee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
						Г	PAGE TOTAL	
Enter Grand Total of Par	t A on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	0.00	

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

\$

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

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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Comm	ittee			мо	DAY	YEAR			
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		AMOU	JNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip Code (F	Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page, Sectio	on 3.		\$		E TOTAL 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 Candidat	e		Reporting Period						
			From:			То:			
				D	ATE			AMOUN ⁻	г
Full Name				мо	DAY	YEAR			
Mailing Address							-	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description							•		
Enter Grand Total of Part E on Sche	dule T. Detailed !	Summary Page	Section	4				PAGE TO	TAL
							\$		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 Period		
KEVIN BROBSON	From:	<u>6/8/2021</u> то:	<u>9/13/2021</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	Name of Filing Committee or Candidate			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 C	Name of Filing Committee or Candidate					Reporting Period					
					From:		То:				
						DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(Plus	4)							
Employer of Contributor			1		Occupa	l tion					
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution		
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL		

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		DATE		AMOUNT			
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	tion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1 Pepart C	over Page Them F	`				PAGE TOTAL
	on rage 1, Report C	over rage, item i				\$	0.00

4/29/2024 3:44:51 AM