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 : | | | | | | | | BYIST | | | | | | | | | | | |
|---|---|-----------|-----------|-----------------------|---------|--------|--------|----------------|-------------|-------|---------------------|----------|----------|--------------------|----------------|---------|-----------|---------|--------------|
| Name of Filing C | ommittee, Ca | andida | te or Lo | obbyist: | | NEF | FT, B | RYAN | | | | | | | | | | • | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | Zip Code | 15 | 243 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | No | | \checkmark |
| (place X to the right of | 6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION | | | | | | Р | OST- | 6. X | | TERMINAT REPORT? | Yes | No | | \checkmark | | | | |
| report type) | | | | | | | | | | PAPER | | \ | DISKE | TTE | | | | | |
| Name of Office S | ought by Can | ndidate | e: | | | | | | DATE | 0 | F ELEC | СТІО | N | District Number | Office Code | Par | ty Code | Coun | |
| TUDOS OF THE | - | SOURT | _ | | | | | | МО | | DAY | YE | AR | -1 | SPR | DEN | 1 | | |
| JUDGE OF THE | SUPERIOR C | OUKI | | | | | | | | 11 | | 2 | 2021 | | (SEE INS | TRUCTI | ONS FOR (| CODES | , |
| Summary of | • | nd | МО | DAY | YEAR | Ł | | | МО | | DAY | YE | AR | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 1 | 10 19 | 2 | 021 | T | 0 | | 11 | 2 | 22 | 2021 | | | | | | |
| A. Amount Bro | ught Forward | l From | Last R | eport | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contribut | ions A | nd Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Su | ım Of I | Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From | 1 Sche | dule II | () | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Sub | btract | Line D | From Line C | :) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contribu | utions | Receive | ed (From Sc | hedu | le II | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obliga | tions (| (From S | ichedule IV) |) | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | AFF | ·ID/ | AVI | T SE | CTIO | Ν | | | | | | | | | |
| PART I - If this is | a Committee | e repo | rt, trea | surer sign h | iere. I | If th | nis is | a Can | didate | e re | port, c | andid | ate sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | that this reporete. | rt, inclu | iding the | attached sch | edules | s file | ed on | paper o | or by el | ectr | onic me | edium, | are to | the best of I | my know | /ledge | and beli | ef , tr | ue. |
| Sworn to and subs | cribed before m day of | ne this | | 20 | | | | | | • | | Si | gnature | e of Person | Submitti | ing Rep | ort | | - |
| | | ignature | | | | _ | | - - | | | | | | Printe | d Name | | | | - |
| My Commission Ex | | gnature | е | | | | | | | | | | | Email | | | | | - |
| | мо | | D# | ΑY | YR | | | | | | Are | ea Cod | e | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report of a | candi | idate's | authorized (| Comn | nitte | ee, C | andida | ate sh | all s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | y knowle | edge and belie | ef this | poli | itical | commi | ittee ha | s no | ot violat | ted any | , provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | | e this | | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | | | | | - | | | | | | Printed | Name | | | | - |
| | Signa | ature | | | | _ | | - | | | | | | | | | | | _ |
| My Commission Exp | _ | | | | | | | | | | | | | Email | | | | | |
| | M | 0 | DA | AY | YR | l | | • | | | Area | Code | | Day | time Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| NEFT, BRYAN | From: | 10/19/202 | <u>1</u> To: | 11/22/2021 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| 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 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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

PAGE TOTAL\$ 0.00

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 Filling Committee of Candidate | | | | Reporting Period | | | | | |
|--|-------|-------------------|-----|------------------|------|------|------------|-------|--|
| | | | Fro | m: | | To | o : | | |
| | | | | | DATE | | P | MOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |

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

PAGE TOTAL \$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 Candidate | ame of Filing Committee or Candidate Repor | | | | orting Period | | | | | |
|---------------------------------------|--|----------|-------------|------|---------------|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | А | MOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.00 | | |

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 | nme of Filing Committee or Candidate | | | | | Reporting Period | | | | | | |
|---|--------------------------------------|---------------|---------|--------|-------|------------------|---------|--------------------|--|--|--|--|
| | | | Froi | m: | | To | То: | | | | | |
| | | | | D | ATE | | А | MOUNT | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | | | |
| City | State | Zip Code (Plu | s 4) | | | | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | • | State | | Zip Cod | de (Plus 4) | | | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | , Secti | on 3. | | | P \$ | PAGE TOTAL 0.00 | | | | |

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 Co | andidate | | Report | ting Perio | bd | | | |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AM | 10UNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T. Detailer | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Summary r uge, | 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 Per | iod | |
|--|----------------|------------------------------|------------|
| NEFT, BRYAN | From: | <u>10/19/2021</u> To: | 11/22/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T 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) | \$ | 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | ate | | Reporting | g Period | | | |
|------------------------------------|----------------------|-----------------------|-----------|---------------|------|-----------|------------|
| | | | From: | | | | |
| | | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | те Г | | PAGE TOTAL |
| Section 2. | ciicadic 11, 111 Kii | ia contributions beta | nea Sam | iiiiai y i aş | , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidat | ame of Filing Committee or Candidate | | | | | porting P | Period | | | |
|---|--------------------------------------|---------|------------|---------|--------|-----------|-----------|--------|-------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | • | | • | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla Business | ace of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sc Summary Page, Section 3. | hedule II, i | In-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|-------------------------------|---------------------------------------|-------------------------|--------|-------------|-----------|------------------|------------|--|--|--|--|
| | From | | | То: | | | | | | | |
| | | | | DATE | | | AMOUNT | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | | | |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | | | | | |
| | | | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expen | laitures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 0.00 | | | | |