## **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 :	tion 2021	C0077			Repor Filed I	-	CANDI	DATE	✓	co	OMMITTE		LOB	BYIST	
Name of Filing	Committee, Candid	late or L	obbyist:		KORBE	-	BRINA								
Street Address:	:														
City:							State:				<b>Zip Code:</b> 15237				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	AY F CTION	POST-	6.		TERMINA REPORT?	TION	Yes	V No	
report type)	port type) ANNUAL REPORT 7. X Year 2021 FILING METHOD () CHECK ONE							PAPER		$\checkmark$	DISKE	TTE			
Name of Office	Sought by Candida	te:					DATE O	F ELEC	CTION		District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	R	5	CPJ	D/R		
JUDGE OF THE	E COURT OF COMM			11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)			
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY	
Expenditure	s from:		11 23	2	021	0	12	3	81	2021					
A. Amount Bro	ought Forward From	m Last R	eport			\$	5			0.00					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	4	5	0.00							
C. Total Funds	a Available (Sum O	f Lines A	and B)			4	5			0.00					
D. Total Exper	nditures (From Sch	edule II	I)			4	5			0.00					
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		4	5			0.00					
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	4	5			0.00					
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	()		4	5			0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee rep	-	_								-				
correct and comp	1) that this report, inc lete.	luaing the	e attached sc	nedule	s filed on	paper	or by elect	ronic me	aium, a	are to	the best of	ту кпом	leage	and bell	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_					Print	ed Name			
My Commission E	-					_					Emai	l			
	мо	D	AY	YR				Are	a Code		Daytime	e Teleph	one Nu	mber	
	s a report of a can				•			•						/	
I swear (or affirm No 320) as amend	) that to the best of r led.	ny knowle	edge and beli	ef this	s political	comn	nittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		20							s	ignature o	f Candida	te		
						_					Printe	l Name			
My Commission Ex	Signature pires					_		Email							
	мо		AY	YR	2	_		Area	Code		Da	ytime Te	lephor	e Numb	er
				1	•						24	,			- '

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** KORBEL, SABRINA From: <u>11/23/2021</u> To: 12/31/2021 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			Re	porting	Period			
Fro				om:		То	:	
					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

\$

PAGE 3

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			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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		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 Candidate	Name of Filing Committee or Candidate			ing Perio	d				
Fro			From:	rom: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i 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 Perio	d	
KORBEL, SABRINA	From:	<u>11/23/2021</u> то:	<u>12/31/2021</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				Reporting Period					
	From: To:								
				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 Schedule II, In-Kind Contributions Detail Section 2.			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				Re	porting P	eriod				
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plu	ıs 4)						
Employer of Contributor	I		1			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	f Contribution	
				_						PAGE TOTAL

_ 1	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:			
				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, Report Cover Page, Item D							PAGE TOTAL
	on rage 1, Report C	over rage, item i				\$	0.00