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 2023	3C0162			Report Filed B		CANDI	DATE	✓	СС	OMMITTE		LOBE	BYIST				
Name of Filing	Committee, Candid	late or Lo	obbyist:		NEFT, B	BRYAN	I S											
Street Address:																		
City:							State:				Zip Cod	e: 15	243					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes	No	\checkmark			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark			
report type)	ANNUAL REPORT	7.	Year 2023			FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE			
Name of Office	Name of Office Sought by Candidate: DATE OF ELECTION					CTION		District Number	Office Code	Par	ty Code	County Code						
JUDGE OF THE COMMONWEALTH COURT					мо	DAY	YEA	R	-1	CCJ	DEM	1						
JUDGE OF THE	COMMONWEALT						11		7 2	2023	<u> </u>	(SEE INS	TRUCTI	CTIONS FOR CODES)				
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FOI	ROFFIC	E USE	ONLY				
Expenditures	s from:		1 1	2	023 T	0	3	2	27 2	2023								
A. Amount Bro	ought Forward Fro	m Last R	eport			\$				0.00								
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			(0.00								
F. Value Of In-	Kind Contribution	s Receivo	ed (From S	chedu	le II)	\$			(0.00								
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	/)		\$				0.00								
				AFF	IDAVI	T SE	CTION											
PART I - If this i	s a Committee rep	oort, trea	surer sign	here. I	If this is	a Car	ndidate re	eport, c	andida	te sig	gn here.							
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium, a	re to t	the best of	my know	ledge	and beli	ef , true			
Sworn to and sub	scribed before me thi day of	s	20						Sig	nature	e of Person	Submitt	ing Rep	ort				
	Signati					-					Print	ed Name						
My Commission E	2	iie									Email							
	мо	D/	AY	YR		_		Are	a Code		Daytime	e Telepho	one Nu	mber				
Part II- If this is	a report of a can	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 e	my knowle	edge and beli	ief this	political	comm	ittee has n	ot violat	ed any j	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,			
Sworn to and subse	cribed before me this									s	ignature of	^F Candida	te					
	day of					_					Printed	Name						
	. Signature					-					Email							
My Commission Ex	pires					_					Email							
	МО	D	۹Y	YR		_		Area	Code		Da	ytime Te	lephon	e Numb	er			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** NEFT, BRYAN S From: <u>1/1/2023</u> **To:** <u>3/27/2023</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 Candidat	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	4)						
								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 Candidate Reporting Period									
			Fror	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		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S				on 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				eporting Period					
From				n: To:					
				DATE AMOUNT				IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State	State Zip Code (Plu		e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							P#	AGE 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 Candidate	Name of Filing Committee or Candidate			Reporting Period						
			From:	n: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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		
NEFT, BRYAN S	From:	<u>1/1/2023</u> To:	<u>3/27/2023</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:			То:		
				DATE			AMOUNT	
Full Name of Contributor				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.	ailed Summary Page, PAGE T			PAGE TOTAL				
						\$	0.00	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period						
				om:		То:				
					DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

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)	Descrip	tion of Exp	enditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		