Campaign Finance Report

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

| Filer Identification | on 2023 | 3C0162 | | | Repor iled I | | CAND | ANDIDATE COMMITTEE LOBBYIST | | | | | | BYIST | | |
|------------------------------------------|---------------------------------|-------------|---------------------------|--------|-----------------|----------|------------|---------------------------------------------------|------------|------------------------|--------------------|-----------|--------------|-----------|----------|--------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | N | EFT, E | BRYAN | IS | S | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Code | : 15 | 243 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDAY PR PRIMARY | tE- | 2. | 30 DA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | No | • | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PI ELECTION | RE- | 5. | 30 DA | | POST- | 6. | TERMINATION REPORT? | | Yes | No | • | / | |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | G METHOD PAPER | | | | | \checkmark | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | | | | | DATE (| ATE OF ELECTION District Office Number Code Party | | | | | ty Code | Count | | |
| | - , | | | | | | МО | DAY | YEAR | ≀ | -1 | CCJ | DEN | 1 | - | \neg |
| JUDGE OF THE | COMMONWEALTH | 1 COUR | Γ | | | | 1: | 1 | 7 2 | 023 | | (SEE INS | TRUCTI | ONS FOR C | ODES) | — |
| | Receipts and | МО | DAY YEA | AR | | | МО | DAY | YEAF | ₹ | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 1 1 | 202 | 23 T | ГО | | 3 | 27 2 | 023 | | | | | | |
| A. Amount Bro | ught Forward Fron | m Last R | leport | | | \$ | | | C | 0.00 | | | | | | ļ |
| B. Total Moneta | ary Contributions | And Rec | eipts (From Sch | nedu | ule I) | \$ | | | | 0.00 |] | | | | | |
| C. Total Funds | Available (Sum Of | f Lines A | and B) | | | \$ | | | (| 0.00 |] | | | | | |
| D. Total Expend | ditures (From Sch | edule II | .1) | | | \$ | | | 0 | 0.00 | | | | | | ļ |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | _ | | \$ | | | 0 | .00 |] | | | | | |
| F. Value Of In- | Kind Contributions | s Receiv | ed (From Sched | lule | : II) | \$ | | | 0 | .00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | \$ | | | C | 0.00 | | ' | | | | |
| | | | AF | ŦΠ | DAVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign here | ı. If | this is | s a Cai | ndidate ı | report, | candidat | e sig | jn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached schedu | ies fi | iled on | paper | or by elec | tronic m | edium, ar | e to t | the best of 1 | my knov | /ledge | and belie | ef , tru | ie. |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | Sign | ature | e of Person | Submitt | ing Rep | ort | | -] |
| | Signatu | | | _ | | <u>-</u> | | | | | Printe | d Name | | | | - |
| My Commission Ex | - | re | | | | | | | | | Email | | | | | - |
| | МО | D | PAY Y | /R | | | | Ar | ea Code | | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Con | nmit | ttee, (| Candid | ate shal | l sign h | ere. | | | | | | | Ī |
| I swear (or affirm) No 320) as amende | that to the best of r | ny knowl | edge and belief th | ıis pe | olitical | comm | ittee has | not viola | ited any p | rovis | ions of the | act of Ju | ine 3,1 | 937 (P.L. | . 1333 | , |
| Sworn to and subsc | ribed before me this | | | | | | | | | S | ignature of | Candida | ite | | | - |
| | day of — | | | | | _ | | | | | Printed | Name | | | | - |
| | Signature | | | — | | _ | | | | | Fillitea | Name | | | | |
| My Commission Exp | _ | | | | | | | | | | Email | | | | | - |
| | МО | D | PAY Y | YR | | - | | Area | Code | | Day | time Te | lephon | e Numbe | er | • |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| NEFT, BRYAN S | From: | 1/1/202 | <u>3</u> To: | 3/27/2023 |
| 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 onl with an aggregate valu | - | | | - | | | |
|------------------------|----------------------------------------------------|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fro | om: | | То | : | |
| | | L | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | | - | | DAGE TOTAL |

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

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 Filing Committee of Canadate | | | | | Reporting Period From: To: | | | | | |
|--------------------------------------|-------|-------------------|---|----|----------------------------|------|----|--------|------|--|
| | | | | | DATE | | ı | AMOUNT | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0 | 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 Candi | lame of Filing Committee or Candidate Rep | | | Reporting Period | | | | | | |
|-----------------------------------|-------------------------------------------|---------------|-------------|------------------|-----|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | Α | MOUNT | | |
| Full Name of Contributing Commit | tee | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary 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 | | | Rep | Reporting Period | | | | | |
|-----------------------------------------------------|---------------------|----------------|---------|------------------|-------|------|----------|-------------|--|
| | | | From: | | | | То: | | |
| | | | | D | ATE | | АМ | OUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus | 5 4) | | | | | | |
| Employer Name | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | e (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PA \$ | 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 | Candidate | | Report | ing Perio | od | | | | |
|-----------------------------|-------------------------|------------------------|---------|-----------|-----|------|----|---------|------|
| | | | From: | | | To: | | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | \$ | | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | · | · | | • | | | • | | |
| Enter Grand Total of Part E | on Schedule I. Detailer | l Summary Page. | Section | 4. | | | | PAGE TO | ΓAL |
| - Communication of the Ex | Januara 1/ Betained | . Jaai y 1 ago, | Dection | •• | | | \$ | | 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: | 1/1/2023 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 | 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 | | | | | | | |
|------------------------------------|----------------------|-----------------------|-----------|---------------|------|-----------|------------|--|--|--|--|
| | Fr | | | | | From: To: | | | | | |
| | | | | 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 Candidate | Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|----------------------------------------------------------------|---------------------------------------|--------|------------|---------|--------|-----------|-----------|------|-------|--------|--------------------|
| | | | | | | From: | | | То: | | |
| | | | | | • | | DATE | | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | | |
| Employer of Contributor | • | | | | | Occupa | ation | | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Desc | cript | ion of | f Contribution |
| Enter Grand Total of Part G on Sci Summary Page, Section 3. | nedule II, I | n-Kind | Contributi | ons De | etaile | ed | | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Reporti | | | | | | |
|-----------------------------|------------------------|-------------------------|--------|-------------|-----------|-----|------------|
| | | | 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 Expe | naitures on Page 1, Re | port Cover Page, Item L |). | | | \$ | 0.00 |