# **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	20230	C0162			Repor Filed I		CANDI	DATE	✓	СС	OMMITTE		LOBE	BYIST					
Name of Filing	Committee	, Candida	ate or Lo	obbyist:		NEFT, E	BRYAN	IS								-				
Street Address	•																			
City:								State:				Zip Cod	<b>e:</b> 15	243						
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 DA PRIM		POST-	3.		AMENDMI REPORT?	ENT	Yes	No	·				
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION	y pre	- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	· 🗸				
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023				FILING METHOD ()CHECK ONE						$\checkmark$	DISKE	TTE				
Name of Office	Sought by	Candidat	e:					DATE O	)F ELE	CTION		District Number	Office Code	Par	ty Code	County Code				
JUDGE OF THE COMMONWEALTH COURT							мо	DAY	YEA	R	-1	CCJ	DEN	1	1					
JUDGE OF THE		WEALIN	COORT					11		7	2023	]	(SEE INS	TRUCTIO	ONS FOR	CODES)				
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEA	AR	FOI	R OFFIC	E USE	ONLY	s for codes)				
Expenditure	s from:			3 28	2	023 <b>1</b>	0	5	5	1	2023									
A. Amount Bro	ought Forw	ard From	n Last Re	eport			\$				0.00									
B. Total Mone	tary Contri	butions A	And Rece	eipts (From	Sche	dule I)	\$				0.00									
C. Total Funds	s Available	(Sum Of	Lines A	and B)			\$				0.00									
D. Total Exper	nditures (Fi	rom Sche	dule III	[)			\$				0.00									
E. Ending Cas	h Balance (	Subtract	Line D	From Line	C)		\$				0.00									
F. Value Of In	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$				0.00									
G. Unpaid Deb	ots And Obl	igations	(From S	chedule IV	)		\$				0.00		•							
					AFF	IDAVI	T SE	CTION												
PART I - If this													-							
I swear (or affirn correct and comp		eport, inclu	uding the	attached sc	hedule	s filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	ledge	and beli	ef , true				
Sworn to and sub	day of	re me this		20						Sig	gnaturo	e of Person	Submitti	ing Rep	ort					
		Signatur	e				_					Print	ed Name							
My Commission E	Expires		-									Email								
	M	40	DA	Y	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber					
Part II- If this is	s a report o	of a cand	idate's a	authorized	Comn	nittee, C	Candid	ate shall	sign he	ere.										
I swear (or affirm No 320) as amend		e best of m	y knowle	dge and beli	ef this	political	comm	ittee has n	iot viola	ed any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	1333,				
Sworn to and subs	cribed before day of	e me this		20							s	ignature of	f Candida	te						
							_					Printeo	i Name							
My Commission Ex		ignature					_					Email	1							
	_						_													
		мо	DA	AY .	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>3/28/2023</u> To: <u>5/1/2023</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 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	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 Sched	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				eporting Period					
From				n: To:					
				D	ATE		АМ	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	ite Zip Code (Plus 4		e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 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:			То:				
				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>3/28/2023</u> то:	<u>5/1/2023</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	Γ F)		
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	-	_				<b>\$</b>	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 TO			PAGE TOTAL								
						\$	0.00					

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

Name of Filing Committee or Candidate				Reporting Period						
				om:		То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				<b>\$</b> 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Place of Business City				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.						<b>PAGE TOTAL</b> 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	<b>`</b>				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		