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 : | on | 20230 | C0162 | | | | port | | CANDI | DATE | √ | cc | MMITTEE | | LOBE | BYIST | | |
|--|----------------|-------------------|-----------|-----------------------|------------|----------|--------|----------------|-------------|--|-------------|----------|--------------------------|-----------|--------------|----------|---------|----------|
| Name of Filing C | Committee | e, Candida | ate or L | obbyist: | | NEF | FT, E | BRYAN | S | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 15 | 243 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDMENT Yes No REPORT? | | | | | \ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | Y PRI | E- | 5. | 30 DA ELECT | | POST- 6. TERMINATION Yes REPORT? | | | | | | No | , | \ |
| report type) | ANNUAL | REPORT | 7. | Year 2023 | | | | | NG METH | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office S | L Sought by | Candidat | :e: | | | | | | DATE C | E OF ELECTION District Office Party Code | | | | | | Cour | | |
| | g, | | | | | | | | МО | DAY | YEA | ıR | Number -1 | CCJ | DEN | 1 | 02 | |
| JUDGE OF THE | COMMO | NWEALTH | COURT | Γ | | | | | 11 | | 7 | 2023 | - | (SEE INS | TRUCTIO | ONS FOR | CODES |) |
| Summary of | Receipts | and | МО | DAY | YEAF | 2 | | | МО | DAY | YEA | ıR | FOF | ROFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 5 2 | 2 | 023 | Т | 0 | 6 | 5 | 5 | 2023 | | | | | | |
| A. Amount Bro | ught Forv | vard Fron | ı Last R | eport | | | 1 | \$ | - | • | • | 0.00 | 1 | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>A</i> | And Rec | eipts (From | 1 Sche | dule | e I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (F | rom Sche | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | 0.00 | | , | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | ittee repo | ort, trea | surer sign | here. | If th | nis is | a Can | ndidate r | eport, o | candida | ite sig | gn here. | | | | | |
| I swear (or affirm) correct and complete | | report, incl | uding the | attached sc | hedule | s file | ed on | paper (| or by elect | tronic m | edium, a | are to 1 | the best of | my know | /ledge | and beli | ef , tr | ue. |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | Sig | nature | e of Person | Submitt | ing Rep | ort | | _ |
| | <u> </u> | Signatur | ·e | | | | | _ | | | | | Printe | ed Name | | | | _ |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | _ |
| | | мо | D | AY | YR | | | | | Ar | ea Code | | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | commi | ittee has r | not viola | ted any | provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | | re me this | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | | | | | _ | | | | | Printed | Name | | | | - |
| | | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | мо | D | AY | YR | <u> </u> | | - | | 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 S | From: | 5/2/202 | <u>3</u> To: | 6/5/2023 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g 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 | g 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 | g Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| | | | 1 | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

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 Candida | | Reporting Period | | | | | | |
|-------------------------------------|-------|-------------------|-------|------|------|----|--------|--|
| | | | From: | | То | • | | |
| | | · | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |

PAGE TOTAL
0.00

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

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.

| (EXCI | lude contributions from | 1 political commi | ittee | s re _l | portea | IN Part | A) | |
|--------------------------|-------------------------|-------------------|-------|-------------------|--------|---------|----|------------|
| Name of Filing Commit | ttee or Candidate | | Repor | ting P | eriod | | | |
| From: To: | | | | | | | | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | 1 | 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 | nme of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---------------------------------------|--------------------------------------|----------|-------------|------------------|-----|------|---------------|----------|------|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | A | MOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | 0.00 | |
| Mailing Address | | | | | | | - \$ | | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOT | AL | |
| Enter Grand Total of Part C on School | dule 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 | lame of Filing Committee or Candidate | | | | orting Pe | riod | | | | |
|---------------------------------------|---------------------------------------|---------|--------------|--------------|-----------|-------|------|--------|--------------|--|
| | | | | | From: | | | То: | | |
| | | | | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | 7 | | |
| City | State | Zi | p Code (Plus | s 4) | | | | | | |
| Employer Name | • | | | | Occupa | tion | - | - | | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) | |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumr | mary Page, | Section | on 3. | | | | 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 Candidate | | Report | ing Peri | od | | | |
|---------------------------|---------------------------|--------------------|------------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | E | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Pl | us 4) | | | | | |
| Receipt Description | ' | | | | | | | |
| Futor Count Total of Dout | Fan Cahadula I Datailad | I Commence Dance C | ` ! | 4 | | | ı | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule 1, Detailed | i Summary Page, S | ection | 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>5/2/2023</u> To: | 6/5/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F | PER 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 Candidate | ame of Filing Committee or Candidate | | | | Reporting Period | | | | |
|--|--------------------------------------|-------------------|----------|----------|------------------|-------------|-----------|------|--|
| Fi | | | From: | | | То: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | | |
| | | | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail | | | iled Sum | mary Pag | ge, | | PAGE TOTA | L | |
| Section 2. | | | | | | \$ | | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | lame of Filing Committee or Candidate | | | | Period | | | | |
|---|------------------|---------------------------------------|------------------|--------|-------|--------------|-------|------|---------------------|------|
| | | | | | | From: | | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | | \$ | 0.00 |
| City | State | ; | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | State | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| lame of Filing Committee or Candidate | | | | Reporting Period | | | | |
|---------------------------------------|---------------------|--------------------|------------|------------------|----------|----|------------|--|
| F | | | | From | | | | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| Enter Crand Total of Evnanditures | on Dogg 1 Donowh (| Cover Dage Item F | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures | on Page 1, Report C | Lover Faye, Item L | , . | | | \$ | 0.00 | |