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 202	30273			Report		CAND	IDATE		СОМІ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:	F	AIR CO	OURTS	S AMERI	CA								
Street Address:																
City:	DOWNERS G	ROVE					State:	IL			Zip Co	de: 60)515-9	998		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 DA		POST-	3.		AMENDN REPORT		Yes No		~	1
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5. X	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2023				NG METH CHECK C				PAPER		\	DISKE	TTE	
Name of Office S	ought by Candida	ate:	-				DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
							МО	DAY	AY YEAR -1 SPM							
JUSTICE OF TH	E SUPREME COU	RT					1:	L	7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY YE	AR			МО	DAY	Y	YEAR FOR OFFICE USE ONLY						
Expenditures	trom:		9 19	20	23 T	0	10	23 2023								
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Scl	hed	lule I)	\$			735,	500.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			735,	500.00						
D. Total Expend	ditures (From Scl	nedule II	I)			\$			735,	500.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	e II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			•			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign here	e. If	f this is	a Car	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	attached schedu	les	filed on	paper	or by elec	tronic m	edium	, are to	the best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me th day of	is	20							Signature	of Perso	n Submit	ting Rep	ort		
	Signat	ure				- -					Prin	ted Name	e			
My Commission Ex	cpires					_					Ema	il				
	МО	D	AY Y	/R				Ar	ea Co	de	Daytin	e Telepl	none Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Con	nmi	ittee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	nis p	political	comm	ittee has	not viola	ted ar	ny provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of	i	20							s	ignature (of Candid	ate			l
						-					Printe	ed Name				l
My Commission Exp	Signature					-					Ema	il				
, ссолон Ехр						_										
	мо	D	AY '	YR				Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FAIR COURTS AMERICA	From:	9/19/202	<u>3</u> To:	10/23/2023
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)			\$	735,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	735,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	735,500.00

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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	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 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.

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Name of Filing Commit	tee or Candidate			Rep	orting P	eriod			
				Fro	m:		To) :	
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address			_					\$	0.00
City	s	State	Zip Code (Plus 4)					
						1			

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

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 Pe	eriod						
FAIR COURTS AMERICA	From:	9/19/2023	То:	10/23/2023				

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR		
Fair C	Fair Courts America (federal)					12/11	\$	735,500.00
Mailin	Mailing Address				23	2023	·	,
City	Downers Grove	State	Zip Code (Plus 4)	10	23	2023		
		IL	60515					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 735,500.00

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	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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 Perio	od	
FAIR COURTS AMERICA	From:	<u>9/19/2023</u> To:	10/23/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Car						Reporting Period					
			From:			To	:				
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•			
Section 2.						\$	(0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

735,500.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FAIR COURTS AMERICA		From	9/19	9/2023	To:	10/23/2023
			DATE			AMOUNT
To Whom Paid		мо	DAY	YEAR		
Nebo Media						

City	Arlington	State	Zip Code (Plus 4)	Description of Expenditure				
		VA	22219	TV media production and placement				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
							\$	735,500.00

Mailing Address