Campaign Finance Report

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

Filer Identification 2023C0170 Number :					Report Filed By :			CAND	CANDIDATE		cc	DMMITTEE		LOBBYIST									
Name of Filing C	committee	e, Candida	ate or L	obbyist:		TOI	DD E	ROW	N														
Street Address:																							
City:									State:				Zip Code	e: 17	601								
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDMENT Yes REPORT?			No	~						
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		6.		6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	\		
report type)	ANNUAL	REPORT	7.	Year 2023					NG METH CHECK O										PAPER		✓	DISKE	TTE
Name of Office S	L Sought by	· Candidat	:e:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code						
									МО	DAY	YE	AR	2	CPJ	REP		code						
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		7	2023	┢──	(SEE INS	TRUCTI	ONS FOR (CODES)						
Summary of Receipts and MO DAY YEAR MO DAY								DAY	YI	EAR	FOF	OFFIC	E USE	ONLY									
Expenditures	from:			5 2	2	023	T	0	6	5	5	2023											
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport	•		,	\$	-	•	•	0.00	1										
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																							
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00												
D. Total Expenditures (From Schedule III)							\$			15,1	70.00												
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	candi	date sig	gn here.										
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper (or by elect	tronic m	edium	, are to	the best of	my know	/ledge	and beli	ef , true						
Sworn to and subs	cribed befo	ore me this		20							S	Signature	e of Person	Submitt	ing Rep	ort							
	_	Signatur	·e					- -					Printe	ed Name									
My Commission Ex	cpires	_						_					Email										
		мо	D	AY	YR					Are	ea Cod	le	Daytime	Teleph	one Nu	mber							
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	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 an	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,						
Sworn to and subscribed before me this day of 20											s	ignature of	Candida	te									
								_					Printed	Name									
		Signature						-															
My Commission Exp	ires												Email										
MO DAY YR 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							
TODD BROWN	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023					
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

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						
		F	rom:		То	ŧ			
		•		DATE			AMOUNT		
Full Name of Contributing Committee	2		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.

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										
			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.

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		P	AMOUNT	
Full Name of Contributing Committee		мо	DAY	YEAR		0.0			
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
						PAGE TOTAL			
nter Grand Total of Part C on Schedule I, Detailed 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.)

ame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		Т	o:	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principa	l Place of Business		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Detail	ed Sumn	mary Page,	Section	on 3.			P \$	AGE 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	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
		•		D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (Plu	ıs 4)							
Receipt Description	<u>'</u>	<u>'</u>			•					
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL		
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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								
TODD BROWN	From:	<u>5/2/2023</u> To:	<u>6/5/2023</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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				Reporting Period					
				From:					
	DATE			AMOUNT					
Full Name of Contributor				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 Deta				ailed Summary Page,			PAGE TOTAL		
ection 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	me of Filing Committee or Candidate				Reporting Period					
TODD BROWN	TODD BROWN				From <u>5/2/2023</u> To: <u>6/</u>					
				AMOUNT						
To Whom Paid	To Whom Paid									
TODD BROWN FOR JUDGE	МО	DAY	YEAR							
Mailing Address			5	3	2023	\$	7,670.00			
City LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	17601	CONTRIBUTION							
To Whom Paid			МО	DAY	YEAR					
TODD BROWN FOR JUDGE			NO		ILAK					
Mailing Address			5	10	2023	\$	6,000.00			
City LANCASTER State Zip Code (Plus 4)			Description of Expenditure							
PA 17601				BUTION						

City	LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17601					
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	15,170.00

мо

DAY

YEAR

2023

To Whom Paid

Mailing Address

TODD BROWN FOR JUDGE

1,500.00