### **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	2023	C0170				port ed B		CAN	DII	DATE	<b>√</b>	СО	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		TOE	DD B	ROWI	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		Р	OST-	3.		AMENDMENT Yes REPORT?				)	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	)	<b>√</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2023					IG MET					PAPER		$\checkmark$	DISKE	TTE	Ì
Name of Office S	ought by	, Candidat	·e:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Y	/EAR	2	CPJ	REP		Code	
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		7	2023		(SEE INS	TRUCTIO	ONS FOR	CODES	)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО		DAY	١	/EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 19	2	023	Т	0		10	2	23	2023						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	•		•	•	0.00						
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				20,	635.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00		,				
					AFF	FID/	٩VI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	re	port, c	and	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	ectr	onic me	ediui	n, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					-		•				Printe	ed Name				-
My Commission Ex	cpires							_						Email					_
		МО	D/	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed befo day of	re me this		20									Si	ignature of	Candida	te			-
								-						Printed	Name				-
	:	Signature						-		-									_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		•			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:	9/19/202	2 <u>3</u> To:	10/23/2023
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

**PAGE TOTAL** 

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 Candidat	e	R	Reporting	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.

### **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 cor	ntributions fro	om politi	cal commi	ttees r	eported	in Part	A)	
Name of Filing Committee or Can	didate			Reporting	Period			
			1	From:		To	<b>)</b> :	
			ı		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	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d	
TODD BROWN	From:	<u>9/19/2023</u> <b>To:</b>	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 Candidate			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

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

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	I				Occup	ation	<u> </u>		
Employer Mailing Address	:/Principal Place of Business	Cit	ty	State	e Zip	Code(Plus 4)	Descri	ption of	Contribution
Enter Grand Total of P Summary Page, Section	Part G on Schedule II, In-Kion 3.	ind (	Contributions D	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
TODD BROWN	From	9/19/2023	То:	10/23/2023

					DATE	AMOUNT				
To Wh	nom Paid	мо	DAY	YEAR						
ACTIO	ON OF LANCASTER									
Mailing Address					8	2023	\$	25.00		
City	LANCASTER State Zip Code (Plus 4)				tion of Exp	enditure				
		CONTRIBUTION								
To Whom Paid					DAY	YEAR				
HEMP	FIELD AREA REPUBLICAN CM	МО		ILAK						
Mailing Address					3	2023	\$	125.00		
City	LANCASTER State Zip Code (Plus 4)			Description of Expenditure						
	PA 17601				CONTRIBUTION					
To Whom Paid					DAY	YEAR				
EASTERN LANCASTER CO AREA REPUBLICAN CMTE					DAI	ILAK				
Mailing Address					3	2023	\$	135.00		
City	NEW HOLLAND	ND State Zip Code (Plus				Description of Expenditure				
		PA	17557	CONTRIBUTION						
To Whom Paid					Day	VEAD				
COLUMBIA AREA REPUBLICAN CMTE					DAY	YEAR				
Mailing Address					18	2023	\$	100.00		
City	COLUMBIA	State	Zip Code (Plus 4)	Description of Expenditure						
		CONTRIBUTION								
To W	nom Paid				Day	VEAD				
LANC	ASTER COUNTY YOUNG REPU	BLICANS		МО	DAY	YEAR				
Mailin	g Address			9	6	2023	\$	50.00		
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
,		CONTRIBUTION								
To Whom Paid					DAY	VEAD				
HEMP	FIELD LEADERSHIP CMTE	МО	DAY	YEAR						
Mailin	g Address	9	7	2023	\$	50.00				
City	LANDISVILLE	State Zip Code (Plus 4)			Description of Expenditure					
		PA	17538	CONTRIBUTION						
			•							

To Who	m Paid	МО	DAY	YEAR					
REPUBLICAN CMTE OF LANCASTER CO					DAT	TEAR			
Mailing Address					25	2023	\$	10,000.00	
City	LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17601	CONTRI	BUTION				
To Whom Paid					DAY	YEAR			
LAMPETER-STRASBURG AREA REPUBLICAN CMTE					DAT	TEAR			
Mailing Address					28	2023	\$	50.00	
City	STRASBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 17579				CONTRIBUTION				
To Whom Paid ACTION OF LANCASTER					DAY	YEAR			
Mailing Address					14	2023	\$	25.00	
City	LANCASTER State Zip Code (Plus 4)			Description of Expenditure					
		PA	17022	CONTRIBUTION					
To Whom Paid				мо	DAY	YEAR			
FRIENDS OF ANNE COOPER						ILAK			
Mailing Address					19	2023	\$	75.00	
City	LITITZ State Zip Code (Plus 4)			Description of Expenditure					
		CONTRIBUTION							
To Whom Paid  REPUBLICAN CMTE OF LANCASTER CO					DAY	YEAR			
Mailing Address					20	2023	\$	10,000.00	
City	LANCASTER State Zip Code (Plus 4)				Description of Expenditure				
		PA	17601	CONTRIBUTION					
								PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								20,635.00	