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 2	20200	435				Repor Filed E		CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndida	te or Lo	bbyist	:	V	OTENI	EFT											
Street Address:																			
City:	PITTSBUF	RGH							State: PA					Zip Code: 15243					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.					30 DA		Р	POST- 3.			AMENDM REPORT?	Yes	N	lo	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.					30 DA		Р	POST- 6.			TERMINATION REPORT?		Yes	Ν	lo	\
report type)	ANNUAL REP	ORT	7. X	Year 2023 FILING METHO () CHECK OI						_			PAPER		\checkmark	DISK	ETTE		
Name of Office S	ought by Can	didate	e:						DAT	ΈO	F ELE	СТІО	N	District Number	Office Code	Pai	ty Cod	e Coui	
JUDGE OF THE	COMMONWE	ΔΙ ΤΗ	COURT	-					МО		DAY	YE	AR		CCJ	DEN	1		
30202 01 THE	201111011112	, .								11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	5)
	Summary of Receipts and MO DAY YEAR MO DAY YEAR						EAR	FO	R OFFIC	E USE	ONL	1							
Expenditures	Trom:			6	6	202	23 T	0		12		31	2023						
A. Amount Bro	ught Forward	From	Last R	eport				\$				9,4	112.12						
B. Total Moneta	ary Contributi	ons A	nd Rec	eipts (F	From	Sched	ule I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				9,4	112.12							
D. Total Expenditures (From Schedule III)						\$				6,1	79.00								
E. Ending Cash Balance (Subtract Line D From Line C)						\$				3,2	33.12								
F. Value Of In-	Kind Contribu	tions	Receive	ed (Fro	m Scl	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Obligat	ions (From S	chedul	le IV)			\$				8,8	371.00						
						AFFII	DAVI	T SE	CTIC	NC									
PART I - If this is		-	•		_								_						
I swear (or affirm) correct and comple		t, inclu	ding the	attache	ed sche	edules f	iled on	paper	or by e	electr	onic m	edium	, are to t	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m day of	e this		20						,		S	Signature	of Perso	n Submitt	ing Re _l	oort		_
	Sig	gnature	÷	_				- -						Prin	ted Name				
My Commission Ex	pires							_		•				Emai	I				
	МО		D/	lΥ		YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authori	ized C	Commi	ttee, C	andid	ate sl	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	/ knowle	dge and	l belief	f this p	olitical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me day of	this		20									s	ignature o	f Candida	ite			_
				- 20 				_						Printe	d Name				-
	Signa	ture						-											_
My Commission Expires									Email										
MO DAY YR						_			Area	Code		Da	ytime Te	elephor	ne Num	ber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
VOTENEFT	From:	<u>6/6/202</u>	<u>3</u> To:	12/31/2023
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 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 Candidate			Reporting Period					
		1	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.

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 Commit	tee or Candidate	ı	Reporting	Period			
F			From: To				
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address							
Mailing Address City	State	Zip Code (Plus 4)					

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			0.00
Mailing Address							- \$		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				Reporting Period						
				Fron	n:		Te) :		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zip	Code (Plus	s 4)						
Employer Name					Occupation					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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 Period		
VOTENEFT	From:	<u>6/6/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 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					
F						To	То:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary 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			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 Place of Business City Sta					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					

6,179.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporting Period						
VOTENEFT			From	<u>6/0</u>	<u>6/2023</u>	То:	12/31/2023		
			DATE AMO						
To Whom Paid			МО	DAY	YEAR				
Bryan Neft									
Mailing Address	10	11	2023	\$	3,590.00				
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	15243	Debt Repayment						
To Whom Paid			МО	DAY	YEAR				
Bryan Neft			MO	DAT	ILAK				
Mailing Address			12	26	2023	\$	2,589.00		
City Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure						
	Debt Re	epayment							
							PAGE TOTAL		
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D).			Ι.			

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period							
VOTE	NEFT			From:		<u>6/6/2023</u> To:			12/31/2023		
						DATE			itstanding lance of Debt		
Name	e of Creditor		мо	DAY	YEAR						
Bryar	n Neft										
Mailir	ng Address				12	2	202	<u>\$</u>	8,871.00		
City	Pittsburgh	State	Zip Code (F	Plus 4)	Descrip	tion of Deb	t				
		PA	15243		Loan						
									PAGE TOTAL		
En	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	8,871.00		