#### **Campaign Finance Report**

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

Filer Identification 20200435 Number :					ported B		CA	NDII	OIDATE COMM		1ITTEE	<b>✓</b>	LOBBYIST						
Name of Filing C	ommittee, Ca	ndida	te or Lo	obbyist:		VOT	ENE	FT											
Street Address:																			
City:	PITTSBUR	RGH							State	e:	PA			<b>Zip Code:</b> 15243					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.					30 DA		Р	POST- 3.			AMENDM REPORT?	Yes	N	0	<b>√</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.					30 DA		Р	POST- 6.			TERMINA REPORT?	Yes	N	0	<b>\</b>	
report type)	ANNUAL REPO	ORT	7. <b>X</b>	<b>Year</b> 2024		FILING METHO ( ) CHECK OF							PAPER		$\checkmark$	DISK	ETTE		
Name of Office S	ought by Can	didate	e:						DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pai	ty Cod	Code	
									МО		DAY	YI	EAR					•	
										11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of Receipts and MO DAY YEAR					₹			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY			
Expenditures	from:			1 1	. 2	024	Т	0		12		31	2024						
A. Amount Bro	ught Forward	From	Last R	eport				\$				3,2	233.12						
B. Total Moneta	ary Contribution	ons Aı	nd Rec	eipts (Fror	n Sche	dule	· I)	\$			0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$				3,2	233.12							
D. Total Expenditures (From Schedule III)					\$				1,0	065.00									
E. Ending Cash Balance (Subtract Line D From Line C)						\$				2,1	68.12								
F. Value Of In-	Kind Contribut	tions	Receive	ed (From S	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligati	ions (	From S	chedule I	<b>/</b> )			\$				7,8	306.00						
					AFF	FID/	١٧٢	T SE	CTIC	NC									
PART I - If this is	a Committee	repoi	rt, trea	surer sign	here.	If th	is is	a Car	ndidat	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		t, inclu	ding the	attached so	hedule	s file	d on	paper	or by e	electr	ronic m	edium	, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me	e this		20								S	Signature	of Persor	Submitt	ing Re	oort		_
	Sig	ınature	:	-				- -						Print	ed Name				-
My Commission Ex	cpires							_		•				Emai	I				
	МО		DA	lΥ	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authorized	l Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge and be	ief this	polit	tical	comm	ittee h	as no	ot viola	ted ar	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		this											Si	ignature o	f Candida	ite			_
day of 20						-						Printe	d Name				-		
	Signat	ture						-							_				
My Commission Expires									Email										
	мо	•	DA	λΥ	YR	ł		-			Area Code Daytime Telephone Nur				ne Num	ber	_		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period								
VOTENEFT	From:	1/1/202	<u>4</u> To:	12/31/2024						
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	\$	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	J Period	(4)	\$	0.00						
		<u> </u>								
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						
			From:		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

0.00

### 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)

(EXCID	ue contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)	
Name of Filing Committe	oorting P	Period						
			From: To			):		
		'			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

#### **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 Schedule I, Detailed Summary Pag			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:		To	):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupation				
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 Sumn	nary 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.								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 Period								
VOTENEFT	From:	<u>1/1/2024</u> <b>To:</b>	12/31/2024						
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:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det Section 2.				mary Pag	je,		PAGE TOTAL	
2000011 21						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate			Reporting 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					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

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Name of Filing Committee or Candidate			Reporting Period						
VOTENEFT			From	1/	1/2024	То:	12/31/2024			
				DATE	AMOUNT					
To Whom Paid				DAY	YEAR					
Bryan Neft			МО							
Mailing Address			5	11	2024	\$	1,065.00			
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure							
	PA 15243					Debt Repayment				
							PAGE TOTAL			
Enter Grand Total of Expen	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I					\$	1,065.00			

## STATEMENT OF UNPAID DEBTS

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

lame of Filing Committee or Candidate				Reporting Period					
/OTENEFT From:					1/1/2024	To:	<u>1</u> 2	<u>2/31/2024</u>	
					DATE			tstanding ance of Debt	
Name of Creditor Bryan Neft					DAY	YEAR			
Mailing Address				12	2	2022	_  	7,806.00	
Maning Address				12		2022	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<b>City</b> Pittsburgh	State	Zip Code (P	lus 4)	Description of Debt					
	PA	15243		Loan					
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$	7,806.00	