### **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 :			eport		CAND	IDATE	<b>✓</b>	СО	COMMITTEE		LOBBYIST					
Name of Filing C	ommittee, Candi	late or L	obbyist:	DE	ELLOS	50, DA	AVID M								•	
Street Address:																
City:							State:				Zip Code	: 19	070			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE PRIMARY	2ND FRIDAY PRE- PRIMARY 2.X 30 DAY PRIMAR				POST-	3.		AMENDMENT REPORT?		Yes	No		<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PR ELECTION	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				NG METH CHECK C				PAPER		<b>V</b>	DISKE	TTE	
Name of Office S	ought by Candida	ite:	•		•	•	DATE (	OF ELE	CTION		District Number	Office Code	Pai	ty Code	Coun	
DEDDEGENITATI			EMBL)/				МО	DAY	YEAR			STH	DEI	М	23	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY				1:	1	6 20	018		(SEE IN	STRUCTI	ONS FOR (	CODES)	
	Receipts and	МО	DAY YEAR	R			МО	DAY	YEAR	}	FOR	OFFIC	CE USE	ONLY		
Expenditures	from:		1 1 2	201	.8 <b>T</b>	0	4	4	30 20	018						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ıle I)	\$			0	.00						
C. Total Funds	Available (Sum O	f Lines A	and B)		4	\$	<b>y</b> `	$\sum$	0	.00						
D. Total Expend	ditures (From Sch	edule II	I)			\$			0	.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)	L	•	\$	$\mathcal{I}$		0.	.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Schedu	ıle	11)	\$	<i>V</i>		0.	.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)	_		\$			0	.00			•			
			AFF	310	DAVI	T SE	CTION									
PART I - If this is			1/					- '								
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached schedule	s fi	led on	paper	or by elec	tronic m	edium, are	e to t	the best of r	ny knov	wledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20						Signa	ature	e of Person S	Submitt	ting Rep	port		_
	Signati	ire				_					Printe	d Name				_
My Commission Ex	pires					_					Email					
	МО	D.	AY YR	<b>1</b>				Ar	ea Code		Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a can	didate's	authorized Comi	mit	tee, C	andid	ate shall	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief this	s po	olitical	comm	ittee has	not viola	ted any pr	rovis	ions of the a	act of Ju	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc										s	ignature of	Candida	ate			-
	day of — —					_					Printed	Nama				-
	Signature					_					- inted	.vaiiie				_
My Commission Exp	_										Email			_		
	МО	D	AY YE	R		-		Area	Code		Day	time To	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate		Reporting	Period		
DELLOSO, DAVID M		From:	1/1/201	<u>8</u> To:	4/30/2018
1. Unitemized Contributions Received - \$ 50.00 or	Less Per Contributor				
	TOTAL for the Reporting I	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (F	rom Part A and Part B)				
Contributions Received From Political Committee	es (Part A)			\$	0.00
All Other Contributions (Part B)				\$	0.00
	TOTAL for the Reporting I	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Pa	rt C and Part D)		, ,	7	
Contributions Received From Political Committe	· · · · · · · · · · · · · · · · · · ·	7		\$	0.00
All Other Contributions (Part D)		1	/	\$	0.00
	TOTAL for the Reporting I	Period	(3)	\$	0.00
4 Other President Political Patricial Patricial	uned Charles Sta (Svery Part 5)				
4. Other Receipts, Refunds, Interest Earned, Retu	rned Checks, Etc. (From Part E)				
	TOTAL for the Reporting I	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts Duri totals from Boxes 1,2,3 and 4; also enter this ar	ing this Reporting Period (Add and mount on Page1, Report Cover Page	enter am e, Item B.	ount )	\$	0.00
4					

#### **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 Candid	Reporting	eporting 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

### 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			Rep	Reporting Period					
			Fro	m:		To	<b>:</b>		
					DATE		AMOUNT		
Full Name of Contributor				МО	DAY	YEAR	7)		
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	4						

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

**PAGE TOTAL \$** 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		Re	eporting	Period				
		Fr	om:			То:		
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	X	
Mailing Address							\$	0.00
City	State Z	Zip Code (Pl	us 4)			>	<i>*</i>	
			,				PAGE 1	<b>TOTAL</b>
Enter Grand Total of Part C on Sched	lule I, Detailed Summ	nary Page,	Section	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			To	:	
				D	ATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name			1	Occupa	tion			
Employer Mailing Address/Principal Place Business	e of	City	•		State		Zip Code (Plus 4	1)
Enter Grand Total of Part C on Schee	dule I, Detailed Si	ummary Page,	Section	on 3.			PAGE TOT	AL
	_ //		1			\$	•	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	Filing Committee or Candidate					Reporting Period						
			From:			То:						
				D	ATE		AMOUN	т				
Full Name				МО	DAY	YEAR 1						
Mailing Address								0.00				
City	State	Zip Code (	Plus 4)									
Receipt Description			-		1							
Enter Grand Total of Part E on Schedu	ile I. Detailed Sumn	nary Page.	Section	4.	<b>//</b>		PAGE TO	OTAL				
				) )		\$	i	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.** 

<b>Detailed</b>	Summary	Page
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Name of Filing Committee or Candidate	Reporting Period		
DELLOSO, DAVID M	From:	L/1/2018 <b>To</b> :	4/30/2018
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	RT F)		
TOTAL for the Reporting Pe	eriod (2)	5	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			МО	DAY	YEAR		
Mailing Address					1	5	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:				3		7	
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sumi	mary Pag	ie,	PAGE TOT	AL
Section 2.					\$	i	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		To:		
						DATE		AMOUI	NT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								5	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City	State		Zip 4)	Code(Plus	Descrip	otion of Contrib	ution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In	-Kind	Contributions De	taile	d			PAGE <sup>-</sup>	0.00

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	<b>e</b>		Reporti	ng Period			
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address	_					5	0.00
City	State	Zip Code (Plus 4)	Descrip	otion of Ex	penditure		<i>/</i>
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D				\$	<b>PAGE TOTAL</b> 0.00

