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 201	8C0953				port		CAN	IIDI	COMMITTEE LOBBYIST								
Name of Filing C	Committee, Candi	date or L	obbyist:		ABN	IEY,	AERI	ON AN	NDR	EW								
Street Address:																		
City:								State	:				Zip Cod	e: 15	5233			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRII PRIMARY		-	2. X	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes] [No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRII		E	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	TION	Yes		No	\
report type)	ANNUAL REPORT	Г 7.	Year 201	.8				CHECK					PAPER		V	DIS	ETTE	
Name of Office S	Sought by Candid	ate:	•					DAT	E OI	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	le Cou	
								МО		DAY	Y	/EAR	19	STH	DEI	М	02	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY						11		6	2018	 	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAI	₹			МО		DAY	١	/EAR	FOI	OFFI	CE USE	ONL	Y	
Expenditures	from:		3 2	27 2	2018	T	0		4		30	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fr	om Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)												0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ıle II	()	\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule	IV)			\$					0.00						
				AFF	FIDA	۱۷۲	ΓSE	CTIO	N									
PART I - If this is			_									_						
I swear (or affirm)) that this report, in ete.	cluding the	e attached	schedule	s file	d on	paper	or by e	lectr	onic m	ediui	m, are to t	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						•			Signature	e of Person	Submit	ting Re	oort		_
	Signat	ure					-						Print	ed Name	•			_
My Commission Ex	cpires						_		-				Email					
	мо	D	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authorize	ed Comi	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and b	elief this	s polit	tical	comm	ittee ha	as no	ot viola	ted a	ny provis	ions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc	ribed before me this	•	20									s	ignature of	Candid	ate			_
							-						Printed	l Name				-
My Commission Exp	Signature						-		-				Email					-
, ээлинээн схр																		_
	МО	D.	AY	YF	2					Area	Code	•	Da	ytime T	elephor	ne Nun	ıber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -									
Name of Filing Committee or Candidate	Reporting Period								
ABNEY, AERION ANDREW	From:	<u>3/27/201</u>	<u>8</u> To:	4/30/2018					
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

Name of Filing Committee or Candidate				ng Period			
		From:		То	:		
		I		DATE			AMOUNT
Full Name of Contribut	ing 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 of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				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

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					g Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate					Reporting Period					
		Fron	n:		То:					
			D/	ATE	АМ	OUNT				
			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City State Zip Code (Plus 4)										
			Occupat	ion						
e of	City			State		Zip Code	(Plus 4)			
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00			
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code			

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	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
			•	D	ATE		А	MOUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	•	•		•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL		
	Juliana 1/ Butanet	. January rage,		••			\$	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	I							
ABNEY, AERION ANDREW	From:	3/27/2018 To :	<u>4/30/2018</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 Candid	Reporting Period							
	From:							
				DATE		AMOUNT		
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period						
F								То:	То:		
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	ation					
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Reporting Period						
	From			То:			
		AMOUNT					
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Futou Curand Tatal of Funca					PAGE TOTAL		
Enter Grand Total of Expen	altures on Page 1, Re	port Cover Page, Item D	, .			\$	0.00