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 20	018C0	0102				Repoi		!	CAI	NDII	DIDATE COMMITTEE LOBBYIST					Т				
Name of Filing C	Committee, Can	didate	e or Lo	bbyi	st:		DAWK:	INS,	JA	SON	Т										
Street Address:																					
City:	_									State	e:				Ziı	Cod	e: 19	124			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND PRIM		/ PRE-	2.		DA IMA		Р	OST-	3.			ENDME PORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND ELEC		/ PRE-	- 5. X	30 ELI		Y ION	Р	OST-	6.		TERMINATION Yes					No	/
report type)	ANNUAL REPO	PRT 7.		Year	2018					IG ME						PER		\	DIS	KETTE	
Name of Office S	Sought by Cand	idate:					_			DAT	E O	F ELE	CT	ION		trict mber	Office Code	Pai	ty Co	de Cou	
										МО		DAY		YEAR	179		STH	DEI	М	51	
REPRESENTATI	VE IN THE GEI	NERAI	L ASSI	EMBL	.Υ						11		6	201	8		(SEE INS	STRUCTI	ONS FO	OR CODE	S)
Summary of		ı [ˈ	мо	DA	\Y	YEAR				МО		DAY		YEAR		FOI	OFFIC	E USE	ONL	Y	
Expenditures	s from:			9	18	20)18	ГО			10	:	22	201	8						
A. Amount Bro	ught Forward F	rom l	Last Re	eport					\$				(1	,756.23)						
B. Total Monet	ary Contributio	ns An	d Rece	eipts	(From	Sched	lule I)		\$					0.0	0						
C. Total Funds Available (Sum Of Lines A and B) \$ (1,756.23)																					
D. Total Expenditures (From Schedule III)								\$					0.0	2							
E. Ending Cash Balance (Subtract Line D From Line C)								\$				(1,	756.23)							
F. Value Of In-	Kind Contributi	ions R	eceive	ed (Fi	rom Sc	hedul	e II)		\$					0.00							
G. Unpaid Debt	s And Obligation	ons (F	rom S	ched	ule IV)			\$					0.0))		,				
						AFFI	[DAV	IT S	SE	CTIC	N										
PART I - If this is		=	-		_							-			_		_				
I swear (or affirm) correct and comple		includ	ing the	attac	hed sch	edules	filed or	ı pap	er c	or by e	lectr	onic m	ediu	ım, are to	the b	est of	my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before me day of	this		20										Signatu	re of I	Person	Submitt	ing Re	ort		_
	Sign	nature		_				_								Print	ed Name	ı			
My Commission Ex	cpires							_			•					Email					_
	МО		DA	Υ		YR						Ar	ea C	ode	D	aytime	Teleph	one Nu	mber		
Part II- If this is	a report of a c	andid	late's a	autho	rized	Comm	ittee,	Cano	lida	ate sh	nall s	sign h	ere.								
I swear (or affirm) No 320) as amende		of my	knowle	dge a	nd belie	ef this p	politica	l con	nmi	ttee h	as no	ot viola	ted	any prov	isions	of the	act of Ju	ıne 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me t	this		70											Signa	ture of	Candida	ite			_
				20 -				_							-	Printed	l Name				-
My Commission Exp	Signatu	ıre						_			-					Email					_
rry Commission Exp								_								_					
	МО		DA	ΛY		YR						Area	Cod	le		Da	ytime Te	elephor	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAWKINS, JASON T	From:	9/18/201	<u>8</u> To:	10/22/2018
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re					
		From:				:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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	e or Candidate		Rep	oorting P	eriod			
			From: T			Го:		
					DATE		A	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	me of Filing Committee or Candidate		Reporting	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	nme of Filing Committee or Candidate		Repo	orting Pe	riod			
			Fron	n:		То	:	
				D/	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business City					State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section			on 3.		5		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 Co	andidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	IOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E or	n Schedule I. Detailed	l Summary Page.	Section	4.			PA	GE TOTAL
	. Jones 1, Detailed	· cammary rage,	2001011	••			\$	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	
DAWKINS, JASON T	From:	<u>9/18/2018</u> To:	<u>10/22/2018</u>
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			iled Sum	mary Pag	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	me of Filing Committee or Candidate			Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate							
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00	