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 2018	C1074				port		CA	NDII	DATE	✓	CO	MMITTE		LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		DEI	LLOS	50, DA	AVID	М									
Street Address:																		
City:								State	e:				Zip Cod	e: 19	9070			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E-	5.	30 DA		Р	OST-	6.		TERMINA' REPORT?	TION	Yes	N	0	\
report type)	ANNUAL REPORT	7. X	Year 2018	8			FILIN	IG MI					PAPER		Y	DISK	ETTE	
Name of Office S	Sought by Candida	te:						DAT	E O	F ELE	CTION		District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE GENER	RAL ASS	EMBLY					МО	11	DAY	6 A	2018	162	STH	STRUCTION		23	
Summary of	Receipts and	МО	DAY	YEAR	₹			МО		DAY	YEA	1		R OFFI				•)
Expenditures		:	11 2	7 2	018	T	0		12		31	2018						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				1	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dul	e I)	\$		4)) '	0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			4	\$	7	_	\mathbf{S}		0.00						
D. Total Expend	ditures (From Sch	edule II	I)		4		\$					0.00						
E. Ending Cash	Balance (Subtrac	Line D	From Line	c)		•	\$					0.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From	Schedu	le I	1)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I	(v)		\ (\$					0.00			•			
				AFF	-ID	AVI	T SE	CTI	NC									
	s a Committee rep		1	/						-		_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached s	chedule	s file	ed on	paper	or by	electr	onic m	edium, i	are to t	he best of	my kno	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me this day of		20						•		Sig	ınature	of Person	Submit	ting Rep	oort		_
	Signatu	re	_				- -						Print	ed Name				
My Commission Ex	pires						_						Email					
	МО	D/	AY	YR						Ar	ea Code		Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a cand	lidate's	authorize	d Comr	nitte	ee, C	andid	ate s	hall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ıy knowle	edge and be	elief this	s poli	itical	comm	ittee l	nas no	ot viola	ted any	provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this day of		20									S	ignature of	Candid	ate			-
	_						_						Printed	l Name				_
My Commission Exp	Signature iires								-				Email					-
	мо	D,	AY	YR	R		-			Area	Code		Da	ytime T	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	,				
Name of Filing Committee or Candidate		Reporting	Period		
DELLOSO, DAVID M		From:	11/27/2018	<u>3</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or	Less Per Contributor				
	TOTAL for the Reporting F	Period	(1)	\$	0.00
2. Contributions Received - \$50.01 To \$250.00 (F	rom Part A and Part B)				
Contributions Received From Political Committe	es (Part A)		4	\$	0.00
All Other Contributions (Part B)				\$	0.00
	TOTAL for the Reporting F	Period	(2)	\$	0.00
			•	7	
3. Contributions Received Over \$250.00 (From Pa	rt C and Part D)				
Contributions Received From Political Committe	es (Part C)	-		\$	0.00
All Other Contributions (Part D)		73		\$	0.00
	TOTAL for the Reporting F	eriod	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Retu	rned Checks, Etc . (From Part E)				
	TOTAL for the Reporting F	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 amo	ount	\$	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 Candida	ite		Re	Reporting Period					
			Fre	om:		То	:		
					DATE		АМО	UNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	1)						

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 Candida	te		Reporting Period							
			Fro	m:		To) :			
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	1			
Mailing Address						1	5	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	Period				
			From:			То:		
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	. 1	
Mailing Address								0.00
City	State	Zip Code	e (Plus 4)					
Enton Consul Table 1 CD 1 C	ulo T P-t " 15		.ms 6*		1		PAGE TO	DTAL
Enter Grand Total of Part C on Sched	iule 1, Detailed Sun	ıımary 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			Repo	orting Pe	eriod			
			Fron	m:		То:		
				D	ATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion		2	
Employer Mailing Address/Principal Plac	ce of Business	City		\langle	State		Zip Code (Plus 4	!)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.		\$	PAGE TOT	AL 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	ting Perio	od			
			From:			То:		
				D	ATE		AMOUN	т
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description		•					/	
Futor Cuand Tatal of Bout F on Calada	lo I. Dotoiled Comm	D	Continu		, ,		PAGE TO	DTAL
Enter Grand Total of Part E on Schedu	ie 1, Detailed Sumn	nary Page,	Section			1	\$	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
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Name of Filing Committee or Candidate	Reporting Peri	od	
DELLOSO, DAVID M	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
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

	VALUE	οι φυσίσ <u>ι</u> το	Ψ25010				
Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
				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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sumi	mary Pag	je, \$	PAGE TOT	AL 0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period			
				Fro	om:		То:		
						DATE		AMOU	NT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	pation			
Employer Mailing Address/Principal Pla	ce of Business	City	y	Stat	e Zij	Code(Plus 4)	Descrip	ption of Contrib	oution
Enter Grand Total of Part G on Sci	nedule II. In-Ki	ind C	Contributions De	etaile	d			PAGE	TOTAL
Summary Page, Section 3.	icuaic 11, 111 Ki		4	otu iic					0.00
		1	3		/	>			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period			
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR	_	
Mailing Address						~ \$	0.00
City	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		>
Enter Grand Total of Expenditures o	n Page 1, Report C	over Page, Item D				\$	AGE TOTAL 0.00

