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	20150)344				port ed B		CANI	DIDA	ATE		COMM	IITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Ca	andida	ite or L	obbyist:		ABN	NEY,	AERIO	ON FRI	END	S OF				_				
Street Address:	PO BOX 9	99642	2																
City:	PITTSBUI	RGH							State:	P.	Α			Zip Cod	le: 15	5233			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRE- PRIMARY 2. 30 DAY POST- PRIMARY 3.							3.		AMENDM REPORT?		Yes	No			
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POS	ST- 6	5.		TERMINATION Yes REPORT?			No	`	
report type)	ANNUAL REP	PORT	7. X	Year 2020					IG MET CHECK	The state of the s						DISKE	TTE		
Name of Office S	Sought by Can	ndidat	e:	-					DATE	OF	ELEC.	TION	District Office Party Code Number Code						у
									МО	D	AY	YEA	\R	19	STH	DEN	1	O2	
REPRESENTATI	VE IN THE G	ENER	AL ASS	EMBLY					1	.1	3	3	2020		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
Summary of		nd	МО	DAY	YEAR	l			МО	D	AY	YEA	AR	FO	R OFFI	CE USE	ONLY		
Expenditures				6 23	2	020	T	0	1	L2	31	1	2020						
A. Amount Bro	ught Forward	l From	Last R	eport				\$				95	55.66						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$				95	55.66						
D. Total Expend	ditures (From	1 Sche	dule II	I)				\$				13	39.90						
E. Ending Cash	Balance (Sub	btract	Line D	From Line C	E)			\$				81	5.76						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From Sc	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	ts And Obligat	tions	(From S	Schedule IV)			\$					0.00						
					AFF	ΊDΑ	AVI	T SE	CTIO	V									
PART I - If this is		=	-	_						=	•		_						Ц
I swear (or affirm) correct and complete		rt, incl	iding the	attached sch	edules	file	ed on	paper o	or by ele	ctror	nic med	dium, a	are to t	he best of	f my knov	wledge	and belie	ef , true	e,
Sworn to and subs	cribed before m	ne this		20						_		Sig	gnature	of Perso	n Submit	ting Rep	ort		-
				-				- -		_				Print	ted Name	<u> </u>			-
My Commission Ex		gnatur	е							_				Emai	il				-
	мо		D	AY	YR			-		_	Area	Code		Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a	cand	idate's	authorized (Comn	nitte	ee, C	andida	ate sha	all sign here.									
I swear (or affirm) No 320) as amende		st of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	not violated any provisions of the act of June 3,1937 (P.L. 1333,									
Sworn to and subsc		e this								_			Si	gnature o	f Candid	ate			-
	day of			_ 20				_		_				Dutt	d Naw				-
	Signa	ature						-						Printe	d Name				
My Commission Exp	_	acui C												Emai	il				1
		0	D	AY	YR	,		-		_	Area Co	ode		Da	ytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ABNEY, AERION FRIENDS OF	From:	<u>6/23/202</u>	<u>0</u> To:	12/31/2020
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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:				
			l		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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
ABNEY, AERION FRIENDS OF	From:	<u>6/23/2020</u> To:	<u>12/31/2020</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:			To:	
				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				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 Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
ABNEY, AERION FRIENDS OF	=		From	<u>6/23</u>	<u>3/2020</u>	То:	12/31/2020
				DATE			AMOUNT
To Whom Paid facebook			мо	DAY	YEAR		
Mailing Address 1 Hacker	THACKEL WAY				2020	\$	25.39
City Menlo Park CA State CA Zip Code (Plus 4) 94025				otion of Exp	enditure		
To Whom Paid Go Daddy			мо	DAY	YEAR		
Mailing Address 14455 N.	Hayden Rd		7	20	2020	\$	54.51
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	-	otion of Exp e services	enditure		
To Whom Paid PNC Bank			МО	DAY	YEAR		
Mailing Address 400 Grant	: Ave		12	1	2020	\$	60.00
State Zip Code (Plus 4) PA 15222			Descrip Service	otion of Exp	enditure		
		L					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

139.90