# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2022	C0130			Repo Filed		CANE	DIDATE	✓	СС	OMMITTEI		LOBE	BYIST		
Name of Filing	Committee, Candid	ate or L	obbyist:		ABNEY	, AERI	ON								•	
Street Address:																
City:							State:				<b>Zip Code:</b> 15233					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		POST-	POST- 6.			TERMINATION REPORT?		Nc	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METI CHECK			PAPER		$\checkmark$	DISKE	TTE		
Name of Office Sought by Candidate:							DATE	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
REPRESENTATIVE IN THE GENERAL ASSEMBLY									02							
		0127100						4	5	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE/	AR	FO	R OFFIC	e use	ONLY		
Expenditure	s from:		3 22	2	022	ТО		4	15	2022						
A. Amount Bro	ought Forward Fror	n Last R	eport			\$				0.00	]					
B. Total Monet	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$		0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	nditures (From Sch	edule II	I)			\$				0.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$				0.00						
F. Value Of In-	-Kind Contributions	s Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	<b>'</b> )		\$				0.00						
				AFF	IDAV	IT SE	CTION	١								
	is a Committee rep															
I swear (or affirm correct and compl	i) that this report, incl lete.	luding the	e attached sc	hedule	s filed or	1 paper	or by ele	ctronic m	edium, a	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and sub	scribed before me this day of	5	20						Sig	gnaturo	e of Person	Submitt	ing Rep	oort		
	Signatu	re	_			_					Print	ed Name				
My Commission E	xpires										Emai					
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
	a report of a can							-						/		
I swear (or affirm No 320) as amend	) that to the best of n led.	ny knowle	edge and beli	ef this	politica	I comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this day of		20							s	ignature o	f Candida	te			
						_					Printe	l Name				
My Commission Ex	Signature					_					Emai	1				
	- 					_										
	мо	D	AY	YR	1			Area	Code		Da	ytime Te	lephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>3/22/2022</u> To: ABNEY, AERION <u>4/15/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidate			Reporting Period					
	From: To			):				
		·		DATE			AMOUNT	
Full Name of Contributing Co	mmittee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
						Г	PAGE TOTAL	
Enter Grand Total of Part	A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00	

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

\$

PART B 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 Candidat	e		Rep Froi	orting P m:	eriod	То	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
PAGE TOTAL   Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

## PART D 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	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

## PART E **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	Name of Filing Committee or Candidate			ing Perio	od				
From				rom: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	•						-		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	Section				\$		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		
ABNEY, AERION	From:	<u>3/22/2022</u> То:	<u>4/15/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period					
	From:			То:				
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus Descri 4)			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

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