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 202	2C1194				Rep File			CAI	NDII	DIDATE COMMITTEE LOBBYIST							Т	
Name of Filing C	ommittee, Candi	date or L	obby	ist:		ABNE	ΕΥ,	AERI	ON AI	NDR	.EW								
Street Address:																			
City:									State	:				Zip Cod	le: 1	5233			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDA'	Y PRE-	- 2	. X	30 DA PRIMA		Р	POST- 3. AMENDMENT Yes REPORT?							No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDA'	Y PRE	- 5		30 DA ELECT		Р	OST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL REPOR	Г 7.	Yea	r 2022					IG ME CHECI			_		PAPER		V	DIS	KETTE	
Name of Office S	ought by Candid	ate:					-		DAT	E O	F ELE	СТ	ON	District Number	Office Code	Pai	rty Co	de Cou	
	- ·								МО		DAY		YEAR	19	STH	DEI	М	02	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBI	LY						11		8	2022		(SEE IN	STRUCTI	ONS F	OR CODE	S)
Summary of		МО	D.	AY	YEAR				МО		DAY		YEAR	FO	R OFFI	CE USE	ONI	.Y	
Expenditures	from:		3	29	20	022	T	0		5		2	2022	2					
A. Amount Bro	ught Forward Fro	m Last R	epor	t				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts	(From	Sche	dule	I)	\$					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 (Subtra	ct Line D	From	Line (C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (F	rom S	chedul	le II))	\$					0.00	_					
G. Unpaid Debt	s And Obligation	s (From S	Sched	lule IV)			\$					0.00			'			
					AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is				_							-			_					
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	e attac	ched scl	nedules	filed	on	paper	or by e	lectr	onic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20										Signatur	e of Persor	Submit	ting Re	port		
	Signat	ure	_					• •						Print	ed Nam	e			_
My Commission Ex	pires							_						Emai	ı				_
	мо	D/	AY		YR						Ar	ea C	ode	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a car	ididate's	auth	orized	Comm	nittee	e, Ca	andid	ate sh	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge a	and beli	ef this	politi	cal	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc		;												Signature o	f Candid	ate			_
	day of		_ 20 _					-						Printe	d Name				-
	Signature							•		-				Emai	1				_
My Commission Exp	ires													Emai					
	МО	D.	AY		YR			•			Area	Cod	le	Da	ytime T	elephoi	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ABNEY, AERION ANDREW	From:	3/29/202	<u>2</u> To:	<u>5/2/2022</u>
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 ar 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 valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Camulate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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	me of Filing Committee or Candidate			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	ame of Filing Committee or Candidate				Reporting Period						
			Fron	n:		То	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	me of Filing Committee or Candidate				od			
			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 Perio	od	
ABNEY, AERION ANDREW	From:	3/29/2022 To:	<u>5/2/2022</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 Candidat	ame of Filing Committee or Candidate						
			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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

lame of Filing Committee or Candidate				Re	eporting F	Period			
	Fi						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	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporti						
	From			То:			
		•		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance					PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00