Campaign Finance Report

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

| | | | | | | I _ | | | CAND | IDATE | | | MMITTEE | | LOBI | SYIST | | |
|--|-------------|-------------------|-----------|-----------------------|---------|----------|--------|--------|------------|--|----------------------------------|----------|-------------|-----------|---------|------------|----------|----|
| Filer Identificati Number : | on | 2018 | C0953 | | | | port | | CAND | IDATE | * | | OMMITTEE | | СОВ | ,,,,, | | |
| Name of Filing C | committe | e, Candida | ate or L | obbyist: | | ABI | NEY, | AERI | ON AND | REW | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 15 | 233 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA | | POST- | OST- 3. X AMENDMENT Yes N | | | | | √ N |) | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | E- | 5. | 30 DA | | POST- 6. TERMINATION Yes REPORT? | | | | | N |) | / | |
| report type) | ANNUAL | . REPORT | 7. | Year 2018 | | | | | | METHOD PAPER DIS | | | | | DISK | ETTE | | |
| Name of Office S | ought by | , Candidat | te: | • | | | | | DATE (| ATE OF ELECTION District Office Number Code | | | | | | ty Code | Cour | |
| | | | | | | | | | МО | DAY | YE | AR | 19 | STH | DEN | 1 | 02 | |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | 1: | L | 6 | 2018 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | МО | DAY | YE | AR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 5 1 | 2 | 018 | Т | 0 | (| 5 | 4 | 2018 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | 1 Last R | eport | • | | 1 | \$ | | • | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (I | From Sche | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | 0.00 | | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, | candic | late si | gn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium, | are to | the best of | my knov | /ledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | s | ignatur | e of Person | Submitt | ing Rep | ort | | _ |
| | _ | Signatur | re | | | | | - - | | | | | Printe | ed Name | | | | |
| My Commission Ex | cpires | _ | | | | | | _ | | | | | Email | | | | | |
| | | мо | D | AY | YR | | | | | Ar | ea Cod | е | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | ıy knowle | edge and beli | ef this | poli | itical | comm | ittee has | not viola | ted an | y provis | ions of the | act of Ju | ne 3,1 | 937 (P. | L. 133 | з, |
| Sworn to and subsc | | re me this | | | | | | | | | | S | ignature of | Candida | te | | | - |
| | day of — | | | | | | | _ | | | | | Printed | Name | | | | - |
| | | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | <u> </u> | | - | | Area | Code | | Day | time Te | lephor | e Numi | oer | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|----------|
| ABNEY, AERION ANDREW | From: | 5/1/201 | <u>8</u> To: | 6/4/2018 |
| 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 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 only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE 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 or Candi | date | | | Rep | orting P | eriod | | | |
|-----------------------------------|-------|----|-----------------|-----|----------|-------|------|---------------|--------|
| | | | | Fro | m: | | To |): | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | | |
| | | | | | | | | $\overline{}$ | |

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 Report | | | rting 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.)

| lame of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|--------------------|---------------|---------|------------------|-------|------|---------|--------------------|--|
| | | | Froi | m: | | To | То: | | |
| | | | | D | ATE | | А | MOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | • | State | | Zip Cod | de (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | , Secti | on 3. | | | P \$ | 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 | 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 Period | | |
|--|------------------|----------------------------|----------|
| ABNEY, AERION ANDREW | From: | <u>5/1/2018</u> To: | 6/4/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER 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 | :e | | Reporting Period | | | | | | | |
|--------------------------------------|--------------------|-----------------------|------------------|-------------|-------|-----------|------------|--|--|--|
| | Fro | | | | | 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 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

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Re | porting l | Period | | | |
|--|---------------------------------------|---------|------------|---------|--------|-----------|-----------|-------|----------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | ption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Name of Filing Committee or Candidate | | | | | Reporting Period | | | | |
|-----------------------------|---------------------------------------|-------------------------|--------|-------------|-----------|------------------|------------|--|--|--|
| | | | From | | | То: | | | | |
| | | | | DATE | | | AMOUNT | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | | |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | | | | |
| | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Expe | naitures on Page 1, Re | port Cover Page, Item L |). | | | \$ | 0.00 | | | |