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	20200	C0799				Rep File			CA	NDII	DATE	√	СО	MMITTE		LOBE	BYIST		
Name of Filing C	Committee,	Candida	ate or Lo	obbyis	st:		ABNI	EY,	AERI	ON A	NDR	EW								
Street Address:																				
City:										State	e:				Zip Cod	e: 15	233			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND F PRIMA	FRIDAY ARY	/ PRE	- 2	2. X	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes	No)	\
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND F	FRIDAY TION	/ PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No)	\
report type)	ANNUAL I	REPORT	7.	Year	Year 2020 FILING METHOD () CHECK ONE								PAPER		$\overline{}$	DISKE	TTE			
Name of Office S	- Sought by (Candidat	e:							DAT	TE OF ELECTION District Office Party Co					ty Code	Cour			
										МО		DAY	Υ	/EAR	19	STH	DEN	1	02	-
REPRESENTATI	VE IN THE	GENER.	AL ASS	EMBL'	Y						11		3	2020		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DA	Y	YEAR				МО		DAY	Y	/EAR	FO	R OFFI	E USE	ONLY		
Expenditures	from:			3	10	2	020	T	0		5		18	2020						
A. Amount Bro	ught Forw	ard From	Last R	eport					\$					0.00						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts ((From	Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00								
D. Total Expenditures (From Schedule III)							\$					0.00								
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00								
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fr	om Sc	hedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedu	ule IV)			\$					0.00						
						AFF	IDA	VI	T SE	CTIC	NC									
PART I - If this is	s a Commi	ttee repo	ort, trea	surer	sign h	ere. 1	[f thi	s is	a Car	ndidat	te re	port, c	cand	lidate sig	ın here.					
I swear (or affirm) correct and complete		port, inclu	uding the	attach	ned sch	edules	filed	on p	paper	or by e	electr	ronic m	ediur	n, are to t	he best of	my know	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed befor	e me this		20							,			Signature	of Person	Submit	ting Rep	ort		_
		Signatur	'e	_					- -						Print	ed Name	<u> </u>			
My Commission Ex	cpires	0.5									•				Emai	l				-
	<u> </u>	10	DA	AY		YR			_		,	Are	ea Co	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	autho	rized	Comn	nittee	e, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	ef this	politi	ical	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	act of J	une 3,1	937 (P.L	133	з,
Sworn to and subsc	ribed before	me this												Si	ignature o	f Candida	ate			-
	day of —— –			20 -					_						Dui+	d Nam: -				_
	c:	gnature							-						Printe	d Name				
My Commission Exp		gnature									•				Emai	I				_
		МО	D/	AY		YR			•			Area	Code	1	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 ANDREW	From:	3/10/202	2 <u>0</u> To:	5/18/2020
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
		From:			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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				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

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		А	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	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.)

me of Filing Committee or Candidate			Reporting Period						
			Fror	n:		To	То:		
				D.	ATE		A	MOUNT	
				мо	DAY	YEAR			
							\$	0.00	
State	Zi	p Code (Plus	s 4)						
·	·			Occupa	tion				
al Place of		City			State		Zip Cod	le (Plus 4)	
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00	
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code	

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	ing Perio	od			
			From:			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 Schedule I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Journal 1, Betailet	a cannual y 1 age,	2000011	••			\$	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:	3/10/2020 To :	<u>5/18/2020</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:			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	me of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL			
			•			\$	0.00			