# **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	C0272			Repoi Filed		CAND	IDATI		<b>C</b> (	OMMITTE		LOB	BYIST	
Name of Filing (	Committee, Candid	ate or Lo	obbyist:		ED NEI	LSON									
Street Address:															
City:							State:				<b>Zip Code:</b> 19114				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 D PRIM		POST	OST- 3.		AMENDMENT REPORT?		Yes	No	<ul> <li>✓</li> </ul>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		0 DAY POST- 6. LECTION				TERMINA REPORT?	TION	Yes	No	$\checkmark$
report type)	eport type) ANNUAL REPORT 7. Year 2022 FILING M () CHE										PAPER		$\checkmark$	DISKE	TTE
Name of Office	L Sought by Candidat	te:					DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	1	YEAR	174	STH	DEN	1	coue
REPRESENTAT.	IVE IN THE GENER	RAL ASS	EMBLY				1	1	8	2022	<b> </b>	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	(	YEAR	FO	R OFFIC	e use	ONLY	
Expenditures	s from:		3 29	2	022	Ю		5	2	2022					
A. Amount Bro	ught Forward From	n Last R	eport		•	\$	5			0.00					
B. Total Monetary Contributions And Receipts (From Schedule I							\$			0.00	]				
C. Total Funds	Available (Sum Of	Lines A	and B)			4	5			0.00					
D. Total Expen	ditures (From Sch	edule II	I)			4	\$			0.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		4	5			0.00	]				
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	4	\$			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		4	\$			0.00					
				AFF	IDAV	IT SE	ECTION								
	s a Committee rep	•	-					-			-				•
I swear (or affirm correct and compl	) that this report, incl ete.	luding the	attached sc	hedules	s filed or	paper	or by elec	tronic	medi	um, are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20							Signatur	e of Person	Submitt	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	-										Emai	l			
	МО	DA	AY	YR					Area	Code	Daytime	e Telepho	one Nu	mber	
	a report of a cand ) that to the best of n ed.				•						ions of the	act of Ju	ine 3,1	937 (P.L	1333,
	cribed before me this									5	ignature o	f Candida	te		
	day of										_				
	Signature					_		Printed Name							
My Commission Exp	-										Emai	I			
	мо	DA	AY	YR	1	_		Are	ea Co	de	Da	ytime Te	lephor	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ED NEILSON From: <u>3/29/2022</u> To: 5/2/2022 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.)

PAGE 3

# 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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
Fr				From: To:						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

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 Fro	oorting P m:	eriod	тс	):		
					DATE			AMOUNT	
						1		AMOUNT	
Full Name of Contributor				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									

# 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 Can	didate		Reporting	Period				
			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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Aailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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		Report	ting Perio	bd				
			From: To:						
			1	D	ATE			AMOUNT	-
Full Name				мо	DAY	YEAR			
Mailing Address							\$	;	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I				1	1			
Entoy Cyand Tatal of Days 5	an Sabadula I. Datailad		Continu	4				PAGE TO	TAL
Enter Grand Total of Part E	on Schedule 1, Detailed	i Summary Page,	Section	4.			\$		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	<b>Reporting Period</b>		
ED NEILSON	From:	<u>3/29/2022</u> <b>To:</b>	<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	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			Reporting	g 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 Details 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	ame of Filing Committee or Candidate				Rej	Reporting Period					
					From: To:						
					DATE AMOUN					AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address	Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution		

Enter Grand Total of Part G on Schedule I	I, In-Kind Con	ntributions Detai	led	PAGE TOTAL
Summary Page, Section 3.				0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
				DATE		AMOUNT		
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrij	tion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	on rage 1, Report C	over rage, Item L				\$	0.00	