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	20220	C0841				eport led B		CAND	IDATE	√	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, C	Candida	ate or Lo	obbyist:		DA	VID	M DEL	LOSO									
Street Address:																		
City:				,	,				State:				Zip Code	: 19	070			
TYPE OF REPORT	6TH TUESDA' PRE-PRIMAR'		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND FRIDAY ELECTION	Y PRE	≣	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL RE	PORT	7.	Year 2022					NG METH CHECK O		PAPER			√	DISKE	TTE		
Name of Office S	ought by Ca	andidat	:e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEAR	2	162	STH	DEN	1	Couc	
REPRESENTATI	VE IN THE (GENERA	AL ASS	EMBLY					11	11 8 2022 (SEE INSTRUCTIONS F					ONS FOR (ODES))	
Summary of		ind	МО	DAY	YEAR	ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	<u> </u>	0	5	5	2 2	022						
A. Amount Bro	ught Forwar	d From	ı Last R	eport				\$	-		C	0.00						
B. Total Moneta	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash	Balance (Su	ubtract	Line D	From Line (C)			\$			0	.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	chedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV)			\$			0	.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		•	•									_						
I swear (or affirm) correct and comple		ort, inclu	ıding the	: attached sch	nedules	s file	₃d on	paper o	or by elect	tronic m	edium, ar	e to t	he best of r	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before of	me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
		Cianatur			_	_		<u>-</u>					Printe	d Name				-[
My Commission Ex		Signature	e										Email					-
	мо	,	D/	AY	YR			-		Ar	ea Code		Daytime	Telepho	one Nu	mber		_]
Part II- If this is	a report of	a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							百
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belic	ef this	, poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before m	ne this										s	ignature of	Candida	te			-
	day of ——			_ 20				_					D::intend					_
	Sign	nature						-					Printed	Name				
My Commission Exp	_	iature											Email					-
	-	мо	D/	AY	YR	t .		-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DAVID M DELLOSO	From:	3/29/202	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

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 Can	Name of Filing Committee or Candidate			Reporting Period						
			Fr	om:		То	:			
					DATE			AMOUNT		
Full Name of Contributing Committ	ee			МО	DAY	YEAR				
Mailing Address							\$	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 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.

Name of Filing Committ	ee or Candidate		Repo	orting P	eriod			
	From: To:							
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•	•	•		•			PAGE TOTAL
								PAGE T

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	Name of Filing Committee or Candidate			Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on Schedule I, Detailed Summary P			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				Repo	orting Pe	riod					
				Fron	From:				То:		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00	
ailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	PAGE TOTA	AL 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 of	or Candidate		Report	ing Peri	od		
		From: To:					
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	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 Perio	d	
DAVID M DELLOSO	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 Candidate			Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L	
Section 2.						\$		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				porting	Period				
			From:							
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Code(Plus 4) Description of Contribution			
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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