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 2	022C1194	-		Repo Filed		CAND	DATE	\checkmark	СС	ΟΜΜΙΤΤΕΙ	E	LOBI	BYIST	
Name of Filing (Committee, Ca	ndidate or	Lobbyist:		ABNEY	', AERI	ON AND	REW							
Street Address:															
City:							State:				Zip Cod	e: 15	233		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PRE Y	- 2.	30 D/ PRIM		POST-	POST- 3. X		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR	IDAY PRI DN	E- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REP	DRT 7.	Year 20)22			NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Can	didate:	-				DATE C		CTION		District Number	Office Code	Par	ty Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY										02					
			11		8 2	2022		(SEE INS	STRUCTI	ONS FOR	CODES)				
Summary of		d MO	DAY	YEAF	2		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		5	3 2	.022	то	e	5	6 2	2022					
A. Amount Bro	ought Forward	From Last	Report			\$				0.00					
B. Total Monet	ary Contributio	ons And Re	eceipts (F	rom Sche	edule I)	\$		0.00							
C. Total Funds	Available (Sur	n Of Lines	A and B)			\$				0.00					
D. Total Expen	ditures (From	Schedule 1	III)			\$				0.00					
E. Ending Cash	n Balance (Sub	tract Line I	D From Li	ne C)		\$			(0.00	4				
F. Value Of In-	Kind Contribut	ions Recei	ved (Fron	n Schedu	le II)	\$			(0.00					
G. Unpaid Deb	ts And Obligat	ions (From	Schedule	e IV)		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i				-						-	-				
I swear (or affirm correct and compl		, including t	he attached	d schedule	s filed o	n paper	or by elect	tronic m	edium, a	re to	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	scribed before mo day of	e this	20						Sig	naturo	e of Person	Submitt	ing Rep	oort	
	Sig	nature				_					Print	ed Name			
My Commission E	xpires										Emai	I			
	мо		DAY	YR				Ar	ea Code		Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a	candidate'	s authoriz	zed Comr	nittee,	Candid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amend		t of my know	ledge and	belief this	s politica	l comm	ittee has r	not viola	ted any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso		this								s	ignature o	f Candida	ite		
	day of										Printer	d Name			
	Signature														
My Commission Exp	-										Emai				
	мо	1	DAY	YF	ł	_		Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ABNEY, AERION ANDREW From: <u>5/3/2022</u> **To:** 6/6/2022 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.)

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 Candidate			Re	porting l	Period			
Fro				om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				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

\$

PAGE 3

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	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
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 Candidate			Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led 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		
Mailing Address							\$	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 C	Name of Filing Committee or Candidate			ting Perio	bd				
						То:	1		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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 Period		
ABNEY, AERION ANDREW	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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 PART	「 F)		
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 Re			Reporting	g Period				
Fr				From: To:				
				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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	lus 4)						
Employer of Contributor			I			Occupat	tion	_	I	
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	
				_		_				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From		То:				
	DATE AMO						
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00