# **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	C1194			Report Filed E		CANDI	DATE	✓	СС	OMMITTE	1	LOBI	BYIST		
	Committee, Candid	ate or Lo	obbyist:			-	ION AND	REW								
Street Address:																
City:							State:				<b>Zip Code:</b> 15233					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No	, 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5.X				AY F TION	POST-	6.		TERMINA REPORT?	TION	Yes	No	, 🔨	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code	
DEDDESENITAT			EMBI V				мо	DAY	YEAI	ર	19	STH	DEN	1	02	
REPRESENTATIVE IN THE GENERAL ASSEMBLY							11		8 2	022	]	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR							мо	DAY	YEAI	R	FOI	R OFFIC	E USE	ONLY		
Expenditures	s from:		9 20	20	022 <b>T</b>	0	10	2	4 2	2022						
A. Amount Bro	ought Forward From	n Last Re	eport			\$				0.00	-					
B. Total Monet	ary Contributions	And Rece	eipts (From	1 Sche	dule I)	\$	5		(	0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;		(	0.00						
D. Total Expen	ditures (From Sch	edule III	[)			\$	5		(	0.00						
E. Ending Cash	n Balance (Subtrac	t Line D l	From Line	C)		\$			C	0.00	-					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	le II)	\$	5		C	0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	<b>'</b> )		\$	5		(	0.00						
							CTION									
	s a Committee rep ) that this report, incl											my know	vledge	and heli	of true	
correct and compl		luuning the	attacheu sc	lieuules	s meu on	рареі	of by elect		ululli, al		the best of		Neuge		er, tide	
Sworn to and subs	scribed before me this day of	5	20			_			Sigr	nature	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires					_					Email					
	МО	DA	Y	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a cand ) that to the best of n ed.							-		orovis	ions of the	act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subs	cribed before me this day of		20							s	ignature of	f Candida	ite			
						_					Printed	i Name				
My Commission Ex	Signature					_					Email	1				
	мо	DA		YR		-		Area C	Code		Da	ytime Te	elephon	e Numb	er	
		57														

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ABNEY, AERION ANDREW From: <u>9/20/2022</u> To: 10/24/2022 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 I	Period			
F			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			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 Froi	orting P m:	eriod	То	):	
					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 S	Schedule I, Detail	ed Summary Pag	le, Se	ection 2	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					
			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)					
							-	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		АМС	DUNT
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 Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	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	Reporting Period		
ABNEY, AERION ANDREW	From:	<u>9/20/2022</u> то:	<u>10/24/2022</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 R			Reporting Period					
	From:			То:				
				DATE		АМС	DUNT	
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 Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate					Re	Reporting Period				
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

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

5/15/2024 1:54:19 AM