Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	on	20220	20841				port		CANDIDATE COMMITTEE LOBBYIS						BYIST				
Name of Filing Committee, Candidate or Lobbyist: DAVE DELLOSO																			
Street Address:																			
City:									State	:				Zip Code	: 19	070			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	Yes	No	•	/	
(place X to the right of	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION						Р	OST-	6. X		TERMINAT REPORT?	ION	Yes	No		/			
report type)	ANNUAL REPORT 7. Year 2022 FILING METHO () CHECK ON									PAPER		\	DISKE	TTE					
Name of Office S	ought by Car	ndidat	e:						DAT	E 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	162	STH	DEN	1		
REPRESENTATI	VE IN THE G	ENER	AL ASS	EMBLY						11		8	2022	 	(SEE INS	TRUCTI	ONS FOR (ODES	,—
Summary of I		nd	МО	DAY	YEAR	1			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	21	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forward	l From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From	1 Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance (Sul	btract	Line D	From Line C	2)			\$					0.00						
F. Value Of In-l	Kind Contribu	utions	Receive	ed (From So	hedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions ((From S	chedule IV)			\$					0.00		'				
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple		rt, inclu	ıding the	: attached sch	iedules	file	ed on	paper (or by el	lectr	ronic me	edium,	are to	the best of i	my know	ledge	and beli	ef , tru	16
Sworn to and subs	cribed before n day of	ne this		20						,		Si	gnatur	e of Person	Submitti	ng Rep	ort		-
		ignatur	-					- -						Printe	d Name				-
My Commission Ex		gnatur	-											Email					-
	мо		D#	AY	YR						Are	ea Cod	•	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of a	candi	idate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of m	y knowle	edge and belie	ef this	poli	itical	comm	ittee ha	as no	ot violat	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this											s	ignature of	Candida	te			-
	day of — —							_						Printed	Name				-
	Signa	ature						-											_
My Commission Exp	ires													Email					
	М	10	DA	AY	YR	,		-			Area	Code		Day	time Te	lephon	e Numb	er	۱ ا

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVE DELLOSO	From:	10/25/202	<u>2</u> To:	11/28/2022
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	Name of Filing Committee or Candidate				Period			
			Fre	om:		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 Fining Committee of Candidate					Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				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 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	ame of Filing Committee or Candidate Repor				orting Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate	Reporting Period								
			Froi	From: To:					
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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 or Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		22300				\$	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 Per	iod	
DAVE DELLOSO	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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		Reportin	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 Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate					porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
-							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				