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 202	2C1194				Repor Filed I		CA	NDI	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist	t:	Δ	ABNEY,	AERI	ON A	NDR	EW								
Street Address:																		
City:								Stat	e:				Zip Code	e: 15	5233			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FI PRIMA		Y PRE-	2.	30 D/ PRIM		POST- 3. AMENDMENT Yes REPORT?					N	0	√		
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FF		Y PRE-	- 5.	30 DA		Р	OST-	6.)	<	TERMINATREPORT?	ΓΙΟΝ	Yes	N	0	\
the right of report type)	ANNUAL REPOR	7.	Year 2	2022				NG M					PAPER		V	DISK	ETTE	
Name of Office Sought by Candidate:							TE O	F ELE	СТІ	ON	District Number	Office Code	Par	ty Cod	Code			
REPRESENTATIVE IN THE GENERAL ASSEMBLY								МО		DAY)	/EAR	19	STH	DEN	1	02	
REPRESENTATI	VE IN THE GENE	KAL ASS	EMBLY						11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditures	•	МО	DAY	Y	YEAR			МО		DAY	1	YEAR	FOF	OFFI	CE USE	ONLY	,	
			10	25	20	22 T	·o		11		28	2022]					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (I	From	Sched	lule I)	\$;				0.00	_					
C. Total Funds	Available (Sum (of Lines A	and B)			\$;				0.00						
D. Total Expend	ditures (From Sc	nedule II	1)				\$	5				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From L	Line (C)		\$;				0.00						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (Fro	om So	chedule	e II)	\$;				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedu	le IV)		\$	5				0.00			'			
					AFFI	DAVI	T SE	CTI	ON									
PART I - If this is	a Committee re	port, trea	surer s	sign ł	nere. If	f this is	a Ca	ndida	te re	port, e	cand	lidate si	gn here.					
I swear (or affirm) correct and comple	that this report, in	cluding the	e attache	ed sch	nedules	filed on	paper	or by	electi	ronic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th	is	20									Signature	e of Person	Submit	ting Re _l	oort		_
	Signat		<u> </u>				<u>-</u>						Printe	ed Name	•			-
My Commission Ex	_	uie											Email					-
	мо	D.	AY		YR					Ar	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	author	ized	Commi	ittee, C	andid	late s	hall :	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	d belie	ef this p	political	comm	ittee l	has n	ot viola	ted a	ny provis	ions of the	act of J	une 3,1	937 (P	L. 133	3,
Sworn to and subsc		5										S	ignature of	Candid	ate			-
	day of ————————————————————————————————————						_						Printed	Name				_
	Signature						_											_
My Commission Exp	ires												Email					
	мо	D	AY		YR		-			Area	Code	2	Day	time T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ABNEY, AERION ANDREW	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	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	y 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	y 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 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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 Candi	lame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		Α	MOUNT			
Full Name of Contributing Commit	tee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Can	ne of Filing Committee or Candidate			Reporting Period					
				Froi	m:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	,			Occupa	tion	•	•	
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	Candidate		Repor	ting 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 o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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 Peri	od	
ABNEY, AERION ANDREW	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	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 Candidat	:e		Reporting	g Period			
			From:				
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					eporting F	Period			
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name 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)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00