### **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	C0272				port		CAI	NDI	DATE	<b>√</b>	co	MMITTEE		LOBI	BYIST			
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		ED	NEIL	SON												
Street Address:																				
City:									State	:				Zip Code	<b>Zip Code:</b> 19114					
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						No	)	<b>\</b>		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		Р	POST- 6. TERMINATIO REPORT?					Yes	No	)	<b>√</b>	
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2022					NG ME CHECI					PAPER		∀	DISKE	TTE		
Name of Office S	ought by	/ Candidat	:e:						DAT	ATE OF ELECTION District Office Number Code						ty Code	Cour			
DEDDE 051/T1T				EMBI V					МО		DAY	Y	EAR	174	STH	DEN	1	10000		
REPRESENTATI	VE IN IF	HE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)	
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			11 29	2	022	Т	0		12		31	2022							
A. Amount Bro	ught For	ward From	ı Last R	eport				\$			•	•	0.00							
B. Total Monet	ary Contr	ributions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00							
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00	-						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00							
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	)			\$					0.00		,					
					AFF	ID	AVI	T SE	CTIC	N										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	cand	idate sig	n here.						
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	hedule	s file	ed on	paper	or by e	lecti	ronic m	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tr	ue	
Sworn to and subs	cribed bef day of	ore me this		20									Signature	of Person	Submitt	ing Rep	ort			
	_	Signatur	 е					- -						Printe	ed Name				_	
My Commission Ex	cpires							_		•				Email						
		МО	DA	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all	sign he	ere.								
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.I	133	3,	
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_	
								-						Printed	Name				-	
		Signature						_						Email					_	
My Commission Exp	ires													Email						
	_	мо	Di	AY	YR	ł		-			Area	Code	1	Day	time Te	lephon	e Numb	er	_	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
ED NEILSON	From:	11/29/202	<u>2</u> To:	12/31/2022
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 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 Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### **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			
			Fron	n:		To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•	•	•		•			PAGE TOTAL
								PAGE T

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

#### **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					Reporting Period						
			From:			То:						
				DA	TE		А	MOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00			
Mailing Address							7		0.00			
City	State	Zip Cod	e (Plus 4)									
								PAGE TO	TAL			
Enter Grand Total of Part C on Scheo	lule 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	lame of Filing Committee or Candidate				riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Peri	od	
ED NEILSON	From:	<u>11/29/2022</u> <b>To:</b>	<u>12/31/2022</u>
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	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 Cand	Name of Filing Committee or Candidate				Reporting Period					
	From:			То:						
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•	•					
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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 Candidate	Name of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						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 <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
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				Reporting Period				
	F					То:		
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00	