# **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	022C1	194			Repo Filed		CAND	IDATE	$\checkmark$	C	OMMITTEI		LOBE	BYIST	
Name of Filing (	Committee, Ca	ndidate	or Lol	bbyist:		ABNEY	, AERI	ION AND	REW							
Street Address:																
City:								State:				Zip Cod	<b>e:</b> 15	233		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDMI REPORT?	AMENDMENT REPORT?		No	$\checkmark$
(place X to the right of	(place X to PRE-ELECTION ELECTION ELECTION					30 D. ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	$\checkmark$	
report type) ANNUAL REPORT 7. X Year 2022							NG METH CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Can	didate:				-	-	DATE C	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTAT			мо	DAY	YE	AR	19	STH	DEN	1	02					
			11	-	8	2022		(SEE INS	TRUCTIO	ONS FOR (	CODES)					
Summary of		d <sup>№</sup>	10	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures from: 11 29 2022							то	12	2	31	2022					
A. Amount Bro	ought Forward	From L	ast Re	port			\$				0.00					
B. Total Monet	ary Contributi	ons And	d Recei	ipts (From	ı Sche	dule I)	\$	5	0.00							
C. Total Funds	Available (Su	n Of Liı	nes A a	and B)			\$	5			0.00					
D. Total Expen	ditures (From	Schedu	ıle III)	)			\$	5			0.00					
E. Ending Cash	Balance (Sub	tract Li	ne D F	rom Line (	C)		\$	5			0.00					
F. Value Of In-	Kind Contribut	tions Re	eceive	d (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Obligat	ions (Fi	rom Sc	hedule IV	')		\$	5			0.00					
					AFF	IDAV	IT SE	CTION								
PART I - If this i				_								-				
I swear (or affirm correct and compl		, includi	ng the a	attached scl	hedule	s filed o	n paper	or by elect	tronic m	edium,	are to	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	scribed before m day of	e this		20						S	ignatur	e of Person	Submitt	ing Rep	oort	
		nature					_					Print	ed Name			
My Commission E	xpires											Email				
	мо		DAY	Y	YR				Ar	ea Cod	e	Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a	candida	ate's a	uthorized	Comn	nittee,	Candic	late shall	sign h	ere.						
I swear (or affirm) No 320) as amend		t of my k	nowled	lge and beli	ef this	politica	l comn	nittee has r	not viola	ted an	y provis	sions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso		this									s	ignature o	f Candida	ite		
	day of 			20			_					Printed	l Name			
Signature							_									
My Commission Exp	pires											Emai	I			
	мо	)	DAY	Y	YR	l			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>11/29/2022</u> **To:** 12/31/2022 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	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	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			orting P	eriod			
			Fro	m:		Тс	):	
					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	je, 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 Can	ndidate		Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	iedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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	andidate		Report	ting Perio	bd				
						То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	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 Perio	d	
ABNEY, AERION ANDREW	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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	ſF)		
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	Name of Filing Committee or Candidate Rep						
	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 Detai Section 2.				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(	Plus 4)						
Employer of Contributor			1			Occupat	tion	-		
Employer Mailing Address/Principal Pla Business	ice of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution
				_						PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
						То:		
				DATE			AMOUNT	
To Whom Paid	To Whom Paid				YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrij	tion of Ex	penditure			
Enter Grand Total of Expenditures	on Page 1 Pepart C	over Page Them F	<b>`</b>				PAGE TOTAL	
	on rage 1, Report C	over rage, Item L				\$	0.00	