# **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	20240	0733			Repor Filed		C	ANDI	DATE	✓	co	OMMITTE		LOBI	BYIST		
Name of Filing (	Committee, Ca	andida	ate or Lo	obbyist:		PAT RI	тсні	IE										
Street Address:	Street Address:																	
City:								Sta	ite:				Zip Cod	<b>e:</b> 162	214			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>		DAY MARY	F	POST-	3.		AMENDMENT REPORT?		Yes	Ν	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				F	POST-	6.		TERMINATION REPORT?		Yes	N	0	$\checkmark$
report type)	ANNUAL REF	PORT	7.	<b>Year</b> 2024				.ING I ) CHE					PAPER		$\checkmark$	DISK	ETTE	
Name of Office	L Sought by Car	ndidat	e:					DA	TE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	e Cou Cod	
								мс	)	DAY	YE	AR	63	STH	DEN	1	leon	-
REPRESENTAT	IVE IN THE G	ENER.	AL ASSI	EMBLY					11		5	2024	i	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of	Receipts a	nd	мо	DAY	YEAR	Ł		мс	)	DAY	YE	AR	FOI	R OFFIC	E USE	ONLY		
Expenditures	s from:			3 5	2	024	ГО		4		8	2024						_
A. Amount Bro	ught Forward	l From	n Last Ro	eport		I		\$				0.00						
B. Total Monet	ary Contribut	ions A	And Rece	eipts (From	1 Sche	dule I)		\$				0.00						
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (Fron	n Sche	dule III	[)				\$				0.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line	C)			\$				50.02	1					
F. Value Of In-	Kind Contribu	utions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obliga	tions	(From S	chedule IV	')			\$				0.00						
					AFF	IDAV	IT S	SECT	ION									
PART I - If this i	s a Committe	e repo	ort, trea	surer sign	here. I	If this i	s a C	andid	ate re	eport, o	andi	late sig	gn here.					
I swear (or affirm correct and compl		rt, inclu	uding the	attached sc	hedules	s filed or	n pape	er or b	y elect	ronic m	edium	, are to	the best of	my know	ledge	and be	ief , tı	rue
Sworn to and subs	scribed before n day of	ne this		20							s	ignatur	e of Person	Submitti	ing Rep	oort		-
							_						Print	ed Name				-
My Commission E		ignatur	e										Email					_
	мо		DA	Y	YR					Are	ea Cod	e		e Telepho	one Nu	mber		-
Part II- If this is	a report of a	a cand	idate's a	authorized	Comn	nittee, (	Cand	lidate	shall	sign he	ere.							
I swear (or affirm) No 320) as amend		st of m	y knowle	dge and beli	ef this	political	l com	nmittee	e has n	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subscribed before me this									s	ignature of	<sup>F</sup> Candida	te			-			
day of 20 Printed Name											-							
My Commission Free	-	ature					_			Email							_	
My Commission Exp	pires						_											
	м	0	DA	NY	YR					Area	Code		Da	ytime Te	lephon	e Num	ber	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAT RITCHIE From: <u>3/5/2024</u> **To:** 4/8/2024 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				Reporting Period						
					From: To:					
		·			DATE			AMOUNT		
Full Name of Contributing 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		

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 Candida	te		Rep	orting P	eriod					
			Fror	From: To				):		
					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 Schedule I, Detailed Summary Page, Section 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 Period							
			From:			То:				
				DA	TE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Sched	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 Re				eporting Period					
From:				m: To:					
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00	

## 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	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Period		
PAT RITCHIE	From:	<u>3/5/2024</u> <b>To:</b>	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 3		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Period	·			
	From:			То:				
		·		DATE			AMOUNT	
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address		-				<b> </b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
				_	г			
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	۱L
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00			

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporting Period						
	From			То:					
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure					
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item [					PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		