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 2024	4C0339				port ed B		CAN	DII	DATE	√	cc	DIDATE COMMITTEE LOBBYIST					
Name of Filing C	Committee, Candid	date or L	obbyist:		ED	NEIL	SON											
Street Address:																		
City:								State	:				Zip Code	e: 19	1154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		Р	OST-	3. X	(AMENDME REPORT?	0	\			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	E-	5.	30 DA		Р	OST-	6.	TERMINATION Yes REPORT?						\
report type)	ANNUAL REPORT	7.	Year 2024						METHOD PAPER CK ONE					DISK	ETTE			
Name of Office S	Sought by Candida	nte:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
								МО		DAY	Y	EAR	174	STH	DEN	1	1000.	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY						11		5	2024		(SEE IN:	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR	₹			МО		DAY	١	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:		4 9	2	024	Т	0		5	:	13	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fror	n Sche	dule	eI)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Subtra	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00			•			
				AFF	IDA	٩VI	T SE	CTIO	Ν									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	e re	port, o	cand	lidate sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached so	hedule	s file	d on	paper	or by el	ectr	onic m	ediur	n, are to	the best of	my knov	vledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th	is	20									Signature	of Person	Submit	ing Re	oort		_
	Signate	ıro					-						Printe	ed Name	1			-
My Commission Ex	-	116							-				Email					-
	мо	D	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comn	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	poli	tical	comm	ittee ha	s no	ot viola	ted a	ny provis	ions of the	act of J	ıne 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before me this	i										s	ignature of	Candida	ate			- $ $
	day of —— ————		_ 20				_						Printed	Name				-
	Signature						-		_									_
My Commission Exp	pires												Email					
	МО	D	AY	YR	ł		•			Area	Code	1	Day	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
ED NEILSON	From:	4/9/202	<u>4</u> To:	5/13/2024				
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

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	Name of Filing Committee or Candidate				Reporting Period							
				Fro	om:		To	1				
			·			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.

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.

(EXCIU	de contributions fr	om political comn	11116	ees re	portea	in Part	A)				
Name of Filing Committe	Name of Filing Committee or Candidate Reporting Period										
		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.

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 Cai	ame or Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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 Candidate				Reporting Period						
							т	То:		
					DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupation					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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		Report	ing Peri	od				
			From:			To:	То:		
		'			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	'						<u> </u>		
	- C		. .:	_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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								
ED NEILSON	From:	<u>4/9/2024</u> To:	<u>5/13/2024</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reporting Period					
	F					То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det			ailed Summary Page,			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				
						From:				
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address	Address							1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City					e Zi _l	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	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)	4) Description of Expenditure				
Enter Grand Total of Evnenditures					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00