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	20240	C0189				eport		CAND	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, C	Candida	ite or Lo	obbyist:		ABI	IGAII	L SALI	ISBURY									
Street Address:																		
City:									State:				Zip Code	: 15	218			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	PRE	Ē	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL RE	PORT	7.	Year 2024					IG METH CHECK C				PAPER		√	DISKE	TTE	
Name of Office S	ought by Ca	andidat	æ:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									мо	DAY	YEAR	ł	34	STH	DEN	1		
REPRESENTATI	VE IN THE (JENER/	AL ASS	EMBLY					11	11 5 2024 (SEE INSTRUCTIONS FOR CO						ODES)		
Summary of		and	МО	DAY	YEAR	ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			4 9	2	024	T	О	Į	5	13 2	024						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$			622	2.59						
B. Total Moneta	ary Contribu	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$			622	2.59						
D. Total Expend	ditures (Fro	m Sche	dule II	τ)				\$			0	.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line C	:)	_		\$			622	.59						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le I	.I)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV))			\$			0	.00		•				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Committe	ee repo	rt, trea	surer sign h	iere.	If th	his is	a Can	ndidate r	eport,	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic m	iedium, ar	e to t	the best of i	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before day of	me this		20							Sign	ature	of Person	Submitt	ing Rep	ort		-
		Signature				_		- -					Printe	d Name				-
My Commission Ex		эlgпасиг	a										Email					-
	мо	,	DA	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	of this	; poli	itical	commi	ittee has	not viola	ated any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this										s	ignature of	Candida	te			-
	day of ————————————————————————————————————							_					Printed	Name				-
	Sigr	nature				—		-					Timeca	· · · · · · · · · · · · · · · · · · ·				
My Commission Exp	_												Email					
	-	мо	D/	AY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ABIGAIL SALISBURY	From:	4/9/202	<u>4</u> То:	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 or Candidat	Reporting	Period					
		F	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 Commi	ttee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	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	n Schedule I, Detailed	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					riod					
Fro						T	0:	:		
				D	ATE			AMOUNT		
				мо	DAY	YEAR	\$	0.00		
State	Zi	p Code (Plus	s 4)							
				Occupa	tion					
ce of Business		City			State		Zip	Code (Plus 4)		
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00		
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip		

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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'				•		<u> </u>	
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	d	
ABIGAIL SALISBURY	From:	4/9/2024 To:	5/13/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidate	Reporting Period							
	From:		To:	То:				
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	C	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	•				Occup	ation				
Employer Mailing Address/Principal Plac	ce of Business	City	у	Stat	e Zip	Code(Plus 4)	Descr	iptio	on of Contribution	n
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd C	Contributions D	etaile	ed				PAGE TOTA	AL.
Summary Page, Section 3.									0	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			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 Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00