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	C0646				port		CANE	OIDA	ATE	✓	со	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				ELLO:	50									•	
Street Address:																			
City:									State:					Zip Code	: 19	070			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POS	ST-	3. X		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	E-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?					Yes	No	'	/	
report type)	ANNUAL	REPORT	7.	Year 2024					IG METI CHECK						DISKE	TTE			
Name of Office S	ought by	· Candidat	te:	•					DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	D	AY	YEAR	1	162	STH	DEN	1	Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					1	1		5 2	024		(SEE INS	TRUCTIO	ONS FOR	CODES	,
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	D	AY	YEAR	ł	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			4 9	2	024	Т	0		5	1	.3 2	024						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0	.00						
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0	.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0	.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0	.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0	.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0	.00		,				
					AFF	:ID	AVI	T SE	CTION	J									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	repo	ort, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by ele	ctror	nic me	edium, ar	e to t	he best of	my know	ledge	and beli	ef , trı	ıe'
Sworn to and subs	cribed bef	ore me this		20						_		Sign	ature	of Person	Submitt	ng Rep	ort		-
	_	Signatur	re					- -		_				Printe	d Name				-
My Commission Ex	cpires									_				Email					-
		мо	D	AY	YR						Are	a Code		Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	ll sig	gn he	re.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not	violat	ed any p	rovisi	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		re me this								-			Si	ignature of	Candida	te			-
	day of —							_		_				Printed	Name				-
	;	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	<u> </u>		-		_	Area (Code		Day	time Te	lephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
DAVE DELLOSO	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	J 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	J 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Candidate				Period			
			From:		То	:	
		•		DATE		АМО	TNUC
Full Name of Contributing Cor	mmittee		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.

or Candidate		Rep	orting P	eriod			
		Fron	n:		To	o :	
	•			DATE			AMOUNT
			мо	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus 4)						
						1	
			Froi	From: MO	From: DATE MO DAY	From: To DATE MO DAY YEAR	From: To: DATE MO DAY YEAR \$

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			Reporting	Period				
			From:			То:		
				DA	TE		P	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 Schee	dule 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	Rep	orting Pe	riod						
Fr						To	То:		
				D	ATE		AI	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Pl	ıs 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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	Name of Filing Committee or Candidate				od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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		
DAVE DELLOSO	From:	4/9/2024 To:	<u>5/13/2024</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,		\$	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							
Fi						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
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 _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				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 Grand Total of Expenditures	on Dago 1 Bonort C	Cover Page Item F					PAGE TOTAL		
Lines Grand Total of Expenditures (ni rage 1, keport c	Lovei Fage, Itelli L	, .			\$	0.00		