### **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	:0752				Rep File			CA	ANDI	DATE	<b>\</b>	CC	ММІТТІ	E	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:		İ	DOU	GHI	ERTY,	, SEA	AN M	ICHAE	L							
Street Address:																				
City:										Stat	e:				<b>Zip Code:</b> 19111					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRI PRIMAR		PRE-	. 2		30 DA		P	POST-	3.		AMENDI REPORT		Yes	√ No	)	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRI ELECTIO		/ PRE	- 5		30 DA		P	POST-	6. <b>)</b>	X	TERMIN REPORT		Yes	No	)	<b>\</b>
report type)	ANNUAL R	REPORT	7.	Year 20	24				FILIN		ETHO				PAPER		<b>/</b>	DISKI	TTE	
Name of Office S	- Sought by C	Candidat	e:							DA <sup>*</sup>	TE O	F ELE	CTI	ON	District Number	Office Code	Pa	rty Code	Cour	
REPRESENTATI	VF IN THE	GENER	AI ASS	FMBI Y						МО		DAY	`	YEAR	172	STH	DE	М	51	
			7127100								11		5	2024		(SEE IN	STRUCTI	ONS FOR	CODES	)
Summary of Expenditures		and	МО	DAY		YEAR		_	_	МО		DAY		YEAR		OR OFFI	CE USE	ONLY		
				.0	22	20	)24	Т	1		11		25	2024	_					
A. Amount Bro				•		Calaa		-\	\$				(.	0.00	-					
B. Total Moneta				• `	om	Scned	aule .	1)	\$											
C. Total Funds	•	•							\$				(	575.81)						
D. Total Expend	ditures (Fr	om Sche	dule II	()					\$					38.88						
E. Ending Cash	Balance (S	Subtract	Line D	From Li	ne C	:)			\$				(6	514.69)						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (Fron	n Sc	hedul	e II)	)	\$					0.00			1			
G. Unpaid Debt	s And Obli	gations	(From S	chedule	IV)	)			\$					0.00						
						AFF:	IDA	VI	ΓSE	CTI	ON									
PART I - If this is		-	•											_						
I swear (or affirm) correct and comple		port, incit	laing the	attacned	ı scn	eaules	filea	on	paper	or by	electi	ronic m	earui	m, are to 1	ine best o	т ту кпо	wieage	and bei	er , tr	ue
Sworn to and subs	cribed before day of	e me this		20										Signature	of Perso	n Submit	ting Re	port		
		Signatur	e	_					-						Prir	ted Name	e			_
My Commission Ex	pires	_													Ema	il				-
	м	o	D/	ΛY		YR						Are	ea Co	ode	Daytin	ne Telepi	none Nu	ımber		
Part II- If this is	a report o	f a cand	idate's	authoriz	ed	Comm	ittee	e, Ca	andid	ate s	hall	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	belie	ef this	politi	cal	comm	ittee	has n	ot viola	ted a	any provis	ions of th	e act of J	une 3,1	937 (P.	133	3,
Sworn to and subsc	ribed before day of	me this		20										s	ignature	of Candid	ate			_
									-						Print	ed Name				-
My Commission Exp	-	gnature							-						Ema	nil				-
,	_																			_
		МО	DA	ΑY		YR						Area	Code	e	D	aytime T	elepho	ne Numl	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DOUGHERTY, SEAN MICHAEL	From:	10/22/202	<u>4</u> To:	11/25/2024
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 Commit	ame of Filing Committee or Candidate			Reporting Period						
				Fror	m:		То	:		
			-			DATE			AMOUNT	
Full Name of Contributin	g 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.

		From:		To	o:	
			DATE			AMOUNT
		мо	DAY	YEAR		
					\$	0.00
State	Zip Code (Plus 4)					
	State	State Zip Code (Plus 4)		MO DAY	MO DAY YEAR	MO DAY YEAR \$

#### **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							<b>-</b>   \$	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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				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 Peri	od	
DOUGHERTY, SEAN MICHAEL	From:	<u>10/22/2024</u> <b>To:</b>	<u>11/25/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		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				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
DOUGHERTY, SEAN MICHAEL	From	10/22/2024	То:	11/25/2024

					DATE		AMOUNT
To W	hom Paid			мо	DAY	YEAR	
Goog	le			140		12/11	
Mailing Address				11	25	2024	\$ 38.88
City	Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		CA	94043	Subscri	otion		
							PAGE TOTAL
Ente	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$ 38.88