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	20486				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, C	Candida	te or Lo	obbyist:		RIC	K Cł	HRIST	IE										
Street Address:																			
City:									State:					Zip Code	: 170	013			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	AMENDMENT Yes REPORT?				/
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL RE	PORT	7. X	Year 2024					IG MET CHECK					PAPER	PAPER		DISKE	TTE	
Name of Office S	ought by Ca	andidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
SESSECTATI	* '= *N T E /	CENED	** *CC	- MADIN					МО		DAY	YEAF	2	199	STH	DEN	1		
REPRESENTATI	VE IN THE C	GENEKA	AL ASSI	EMBLY						11		5 2	024		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	YEAF	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		j	11 26	2	024	, T	0		12	3	31 2	024						
A. Amount Bro	ught Forwar	rd From	Last R	eport				\$				(0.00						
B. Total Moneta	ary Contribu	ıtions A	nd Rec	eipts (From	Sche	dule	e I)	\$				(0.00						
C. Total Funds	Available (S	Sum Of I	Lines A	and B)				\$				(0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	(1)				\$				C	0.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line C	2)			\$				211	.78						
F. Value Of In-	Kind Contrib	outions	Receive	ed (From Sc	chedu	le II	I)	\$				0	.00						
G. Unpaid Debt	s And Obliga	ations (From S	ichedule IV)			\$				C	0.00		'				
					AFF	·ID/	AVI	T SE	CTIO	Ν									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple		ort, inclu	ding the	attached sch	redules	s file	ed on	paper o	or by ele	ectr	onic me	edium, ar	e to t	he best of r	my know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before day of	me this		20								Sign	ature	of Person	Submitti	ing Rep	ort		_
						_		- -		•				Printe	d Name				-[
My Commission Ex		Signature	à							-				Email					- [
	мо)	D#	AY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this											Si	ignature of	Candida	te			-
	day of ————————————————————————————————————			_ 20				_						Printed	Name				-
	Sigr	nature				—		-						rinted	Name				_
My Commission Exp	_													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	g Period		
RICK CHRISTIE	From:	11/26/202	<u>4</u> To:	12/31/2024
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	J Period	(4)	\$	0.00
			1	
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			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		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 Committ	ee or Candidate		Repo	orting P	eriod			
			Fron	n:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•	•	•		•			PAGE TOTAL
								PAGE T

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	nme of Filing Committee or Candidate							
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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				orting Pe	riod			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	Name of Filing Committee or Candidate				od			
			From:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	•		•	•	•		
Embay Cyand Tatal of Days	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Peri	od	
RICK CHRISTIE	From:	<u>11/26/2024</u> To:	12/31/2024
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	Reporting Period						
	From:						
		•		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 S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period				
				Fro	m:		To:			
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
			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 Dage 1. Benert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00