# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2020	0203			Repo		CANDI	DATE		СОМІ	MITTEE	<	LOB	BYIST		
Number : Name of Filing	Committee, Candic	late or L	obbvist:		Filed	-	ANN FLO									
			<b>,</b>													
Street Address:											<b>I</b>					
City:	BATH						State:	tate: PA Zip Code: 18014								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	PRIMARY			AY I ARY	POST- 3. <b>X</b>			AMENDN REPORT		Yes	No	)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D. ELEC		POST- 6.			TERMINATION REPORT?		Yes	No	) \	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020				NG METH				PAPER		$\checkmark$	DISK	TTE	
Name of Office	L Sought by Candida	te:					DATE O	OF ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Count	у
							мо	DAY	YE	AR		10000	REP	,	10000	
							11		3	2020	j	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		5 19	) 2	020 .	то	6	2	22	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport		I	\$			5,3	25.48	1					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5		1,5	500.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		6,8	825.48						
D. Total Expen	ditures (From Sch	edule II	I)			\$	5		4,7	12.32						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$	5		2,1	13.16						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			50.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$	5			0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	isurer sign	here.	If this i	is a Ca	ndidate r	eport, c	andic	late sig	gn here.					l
I swear (or affirm correct and comp	) that this report, inc ete.	luding the	e attached so	hedule	s filed o	n paper	or by elect	ronic me	edium,	, are to t	the best o	f my knov	vledge	and bel	ief , tru	e,
Sworn to and sub	scribed before me thi day of	S	20						S	ignature	e of Perso	n Submitt	ing Rep	oort		-
						_					Prin	ted Name				-
My Commission E	Signatı xpires	ire									Ema	il				-
	мо	D	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Com	nittee,	Candid	late shall	sign he	ere.							
I swear (or affirm No 320) as amend	) that to the best of i ed.	ny knowle	edge and bel	ief this	politica	l comn	nittee has n	iot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 1333,	
Sworn to and subs	cribed before me this									s	ignature	of Candida	ite			-
	day of										Printe	ed Name				-
	Signature					_										-
My Commission Ex	pires										Ema	il				
	мо	D	AY	YR	2			Area (	Code		D	aytime Te	elephor	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF ANN FLOOD From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 500.00 1,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

## 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				Reporting Period					
				From: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te			oorting P	eriod					
			Fro	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	\$	0.00								

### PAGE 5

## 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						
FRIENDS OF ANN FLOOD From:				From:	<u>5/19/2020</u> <b>To</b>			To: <u>6/22/2020</u>	
					DA	TE		A	MOUNT
Full N	ame of Contributing Committee				мо	DAY	YEAR		
GEOF	GE S. DUNBAR DBA FRIENDS OF	GEORGE S DUNBAR						\$	500.00
Mailir	ng Address				- 6	13	2020		
City	JEANETTE	State	Zip Cod	e (Plus 4)	Ŭ	15	2020		
		РА	15644						
_									PAGE TOTAL
Enter	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								500.00

## PART D 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				
FRIENDS OF ANN FLOOD Fro			Fron	n:	<u>5/19/2020</u> <b>T</b> o		o:	<u>6/22/2020</u>	
				DA	TE			AMOUNT	
Full Name of Contributor GUY N. SAXTON				мо	DAY	YEAR	\$	1,000.00	
Mailing Address				5	26	2020			
City EASTON	State	Zip Code (Plus	54)	5	26	2020			
	PA	18045							
Employer Name NMS, INC				Occupation OWNER					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)	
		EASTON			PA		180	945	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			\$	PAGE TOTAL 1,000.00	

## PART E **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 Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
nter 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 Period		
FRIENDS OF ANN FLOOD	From:	<u>5/19/2020</u> <b>то:</b>	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	50.00
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, 3		\$	50.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
Fi				From:				
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b> </b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		<b>-</b>		•			
Enter Grand Total of Part F on Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led 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				Reporting Period					
				om:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF ANN FLOOD			From	<u>5/19</u>	<u>9/2020</u>	То:	<u>6/22/2020</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
INNOVATIVE DESIGNS								
Mailing Address				19	2020	\$	131.00	
City PALMER State Zip Code (Plus 4)				tion of Exp	enditure			
	РА	18045	HOME N	IEWS 1/4 I	PAGE AD			
To Whom Paid			мо	DAY	YEAR			
COMMUNICATION CONCEPTS								
Mailing Address			5	27	2020	\$	3,515.87	
City EASTON State Zip Code (Plus 4)				tion of Exp	enditure	•		
	РА	18045	ANN FL	OOD MAIL	3			
To Whom Paid			мо	DAY	YEAR			
ANN FLOOD			no	2	12/11			
Mailing Address			5	27	2020	\$	49.35	
City BATH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	РА	18014	CAMPAI	GN PHONE	E REIMBU	IRSE		
To Whom Paid			мо	DAY	YEAR			
COMMUNICATION CONCEPTS								
Mailing Address			6	9	2020	\$	1,016.10	
City EASTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•		
	РА	18045	TEXT M	ESSAGE				
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	).			\$	4,712.32	