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 :			Report CAND		CAND	DATE		СОМ	1ITTEE	✓	LOBE	SYIST					
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	ND:	S OF	ANN FLC	OD								
Street Address:	2157 W. DELI	ROAD															
City:	BATH							State:	PA			Zip Code: 18014					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT?	IENDMENT Yes PORT?		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2020					IG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR		1	REP			
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		5 19	2	020	Т	0	б		22	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			5,3	325.48						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			1,5	500.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			6,8	325.48						
D. Total Expend	ditures (From Sch	edule II	I)				\$			4,7	12.32						
E. Ending Cash	Balance (Subtract	t Line D	From Line (C)			\$			2,1	13.16						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II))	\$				50.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00						
				AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	s is	a Can	didate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ra					- -					Prin	ted Name	-			
My Commission Ex	_											Ema	il				
	мо	D/	AY	YR			-		Ar	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subscribed before me this Signature of Candidate																	
	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	_											Ema	il				
	МО	D/	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ANN FLOOD	From:	<u>5/19/202</u>	<u>0</u> To:	6/22/2020
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)			\$	500.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting) Period	(3)	\$	1,500.00
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			\$	1,500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

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 Candidate				Reporting Period					
Fi						o:			
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

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:	5/19/2020	То:	6/22/2020				

DATE AMOUNT

Full Name of Contributing Committee GEORGE S. DUNBAR DBA FRIENDS OF (МО	DAY	YEAR			
Mailing Address 114 ADELLA CT.				40	2020	\$ 500.00
City JEANETTE	State PA	Zip Code (Plus 4) 15644	6	13	2020	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 500.00

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	ame of Filing Committee or Candidate							
FRIENDS OF ANN FLOOD			Fron	n:	<u>5/19/2</u>	<u>020</u> To	To: 6/22/2020	
				D	ATE		АМО	UNT
Full Name of Contributor GUY N. SAXTON				мо	DAY	YEAR		
Mailing 3051 GREEN POND ROAD Address					2.5	2020	\$	1,000.00
City EASTON	State	Zip Code (Plus	(4)	5	26	2020		
	PA	18045						
Employer Name NMS, INC				Occupat	tion	OWNER		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code ((Plus 4)
3051 GREEN POND RD		EASTON			PA		18045	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec				on 3.			PAG	E TOTAL
	·	, <u>, , , , , , , , , , , , , , , , , , </u>				:	\$	1,000.00

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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Perio	d	
FRIENDS OF ANN FLOOD	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	50.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,		\$	50.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:	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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee	e or Candidate		Reporti	ng Period			
FRIENDS OF ANN FLOOD)		From	<u>5/19</u>	9/2020	То:	6/22/2020
				DATE			AMOUNT
To Whom Paid INNOVATIVE DESIGNS			мо	DAY	YEAR		
Mailing Address 3245	FREEMANSBURG AVE		5	19	2020	\$	131.00
City PALMER	State PA	Zip Code (Plus 4) 18045		otion of Exp			
To Whom Paid COMMUNICATION CONCE	EPTS		мо	DAY	YEAR		
Mailing Address 2906	WILIAM PENN HWY SUITE 401		5	27	2020	\$	3,515.87
City EASTON	State PA	Zip Code (Plus 4) 18045		otion of Exp			
To Whom Paid ANN FLOOD			МО	DAY	YEAR		
Mailing Address 2157	W DELL RD		5	27	2020	\$	49.35
City BATH	State PA	Zip Code (Plus 4) 18014	- I	otion of Exp			
To Whom Paid COMMUNICATION CONCE	EPTS		МО	DAY	YEAR		
Mailing Address 2906 WILLIAM PENN HWY SUITE 401			6	9	2020	\$	1,016.10
City EASTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	

18045

PΑ

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

4,712.32

TEXT MESSAGE