Campaign Finance Report

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

Filer Identification 2020C0438 Number :							port ed B		CAN	ANDIDATE CO		MMITTEE LOBBYIST		BYIST					
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		ANN	N MA	RIE M	ITCHE	LL		•							
Street Address:																			
City:	_								State:					Zip Code	: 18	974			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		POS	T- 3	3.		AMENDMENT REPORT?		Yes	No		\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POS	OST- 6. X			TERMINATION REPORT?		Yes	No		\
report type)	ANNUAL	REPORT	7.	Year 2020					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:	-					DATE	OF E	LEC	TION		District Number	Office Code	Par	ty Code	Coun	
									МО	DA	Y	YEAR		178	STH	DEM	1		
REPRESENTATIVE IN THE GENERAL ASSEMBLY 11 3 2020									(SEE INS	STRUCTIO	ONS FOR O	ODES)						
Summary of		and	МО	DAY	YEAR				МО	DA	ΛΥ	YEAR		FOR	OFFIC	E USE	ONLY		
Expenditures	from:			10 20	2	020	Т	0		11	23	3 20	020						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$				0	.00						
B. Total Moneta	ary Contri	ibutions /	And Rec	eipts (From	Sche	dule	e I)	\$				1,073	.08						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				1,073	.08						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				1,748	.31						
E. Ending Cash	Balance	(Subtract	Line D	From Line C	:)			\$				(675.2	23)						
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From So	hedu	le II	[)	\$				0.	.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule IV)			\$				0	.00						
					AFF	IDA	٩VI	ΓSE	CTIO	N									
PART I - If this is		-	•							-	•								
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	edules	file	d on	paper o	or by ele	ectroni	c med	dium, are	e to t	he best of	my knov	vledge a	and beli	ef , tr	ue
Sworn to and subs	day of	ore me this	•	20								Signa	ature	of Person	Submitt	ing Rep	ort		
		Signatu	re					-						Printe	d Name	ı			_
My Commission Ex	cpires	-												Email					-
	•	мо	D	AY	YR						Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate sha	ıll sigi	n her	e.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and belie	ef this	polit	tical	commi	ittee ha	s not v	iolate	d any pr	rovisi	ons of the	act of Ju	ıne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed befor	e me this								_			Si	gnature of	Candida	ite			- [
	day of —			_ 20				-						Printed	Name				_
		Signature						-		_					.1441116				_
My Commission Exp	ly Commission Expires Email																		
	_	мо	D	AY	YR			•		Α	rea C	ode		Day	time Te	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting	g Period				
ANN MARIE MITCHELL	From:	10/20/202	<u>0</u> To:	11/23/2020		
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) \$						
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	1,073.08		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	Period	(3)	\$	1,073.08		
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			\$	1,073.08		

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 Ca	Name of Filing Committee or Candidate				Reporting Period						
		F	From:		То	•					
				DATE			AMOUNT				
Full Name of Contributing Commit	tee		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.

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			Rep	Reporting Period					
			From: To			o:			
		•			DATE			AMOUNT	
Full Name of Contributor									
ruii Name of Contributor				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$	(0.00

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					
ANN MARIE MITCHELL			From:	<u>10/20/2020</u> To:			11/23	<u> /2020</u>
				DA	TE		АМО	UNT
Full Name of Contributing Committee				мо	DAY	YEAR		
FRIENDS OF ANN MARIE MITCHELL							\$	1,073.08
Mailing Address								,
City IVYLAND	State	Zip Code	(Plus 4)					
	18974							

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

PAGE TOTAL \$ 1,073.08

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				Reporting Period					
	Fr					To	То:		
		DATE					AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	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	or Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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 Per	iod							
ANN MARIE MITCHELL	From:	<u>10/20/2020</u> To:	11/23/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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

lame of Filing Committee or Candidate				Reporting Period				
						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 Schedule II, In-Kind Contributions Deta Section 2.			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	ame of Filing Committee or Candidate				Reporting Period					
				Fro	From:			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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate			Reporti	ng Period				
ANN MARIE MITCHELL				From	<u>10/20</u>	0/2020	То:	11/23/2020	
			·		AMOUNT				
To Whom Paid				МО	DAY	YEAR			
COSTCO WHSL #1103									
Mailing Address				10	27	2020	\$	1,073.08	
City IVYLAND	State	Zip	Code (Plus 4)	Description of Expenditure					
PA 18974					ON DAY SU	IPPLIES			
To Whom Paid SITEGROUND				мо	DAY	YEAR			
Mailing Address				11	9	2020	\$	219.83	
City ALEXANDRIA	State	Zip	Code (Plus 4)	Description of Expenditure					
	VA	189	974	WEBSITE SERVICES					
To Whom Paid				МО	DAY	YEAR			
SITEGROUND								222.45	
Mailing Address				11	11	2020	\$	223.45	
City ALEXANDRIA	State	Zip	Code (Plus 4)	Descrip	tion of Exp	enditure			
	VA	189	974	WEBSIT	E SERVICE	ES .			
To Whom Paid SITEGROUND				мо	DAY	YEAR			
Mailing Address			11	12	2020	\$	231.95		
City ALEXANDRIA State Zip Code (Plus 4)				Descrip	l tion of Exp	l enditure	<u> </u>		

	VA	18974	WEBSITE SERVICES		
	ı	PAGE TOTAL			
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item D.		\$	1,748.31