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	20220	C1181				port ed B		CANDI	DATE	√	СО	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				, ГНОМІ	PSON									_
Street Address:																		
City:									State:				Zip Code	e: 17	110			
TYPE OF	6TH TUES	SDAY	1. X	2ND FRIDA	Y PRE	-	2.	30 DA	Υ	POST-	3.		AMENDME	NT	Yes	No		
REPORT	PRE-PRIM			PRIMARY				PRIMA					REPORT?				`	<u> </u>
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	Ē-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by	Candidat	e:	•					DATE C	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Count	у
									МО	DAY	Y	EAR	103	STH	DEN	1	code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	R			МО	DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	022	Т	0	3	3	28	2022						
A. Amount Bro	ught Forv	ward Fron	Last R	eport	•		1	\$		•	•	0.00	1					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				258.74						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				258.74						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				258.74						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00		'				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate r	eport, o	cand	idate sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper (or by elect	tronic m	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tru	e.
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	pires	J.g	_										Email					-
		мо	D	AY	YR					Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	ot viola	ted a	ny provisi	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	,
Sworn to and subsc		re me this								-		Si	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
	;	Signature						-										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	1		-		Area	Code	1	Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
LINDA THOMPSON	From:	1/1/202	<u>2</u> To:	3/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	99.79
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)			\$	158.95
TOTAL for the Reporting	Period	(2)	\$	158.95
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			\$	258.74

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	ndidate	F	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 Candid	ate		Rep	orting P	eriod			
LINDA THOMPSON			Fro	m:	1/1/2	<u>2022</u> T o):	3/28/2022
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
LINDA THOMPSON				1.0		12/11		
Mailing Address							\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	3	28	2022		
	PA	17110						
Full Name of Contains								

	PA	17110				
Full Name of Contributor	МО	DAY	YEAR			
LINDA THOMPSON				2711		
Mailing Address						\$ 58.95
City HARRISBURG	State	Zip Code (Plus 4)	3	18	2022	
	PA	17110				

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

PAGE TOTAL \$ 158.95

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		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<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 Peri	od							
LINDA THOMPSON	From:	<u>1/1/2022</u> To:	3/28/2022						
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, 3		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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	Reporting Period	
	From:	То:

				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					Occu	pation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Z	ip Code(Plu	s 4)	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
LINDA THOMPSON	From	1/1/2022	То:	3/28/2022

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
STAPLES			MO	DAT	TEAR			
Mailing Address			3	18	2022	\$	15.11	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17111	COPIES OF NOMINATING PETITIONS					
To Whom Paid			мо	DAY	YEAR			
DOLLAR TREE			140		IZAK			
Mailing Address			3	18	2022	\$	11.93	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17109	PETITIO	ONING SUP	PLIES (L	ATEX GLOVES	5)	
To Whom Paid			мо	DAY	YEAR			
WALMART			MO		ILAK			
Mailing Address			3	18	2022	\$	58.95	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17111	PETITIONING SUPPLIES (CLIP BOARDS, PENS)				PENS)	
To Whom Paid			МО	DAY	YEAR			
BANGKOK 56								
Mailing Address			3	18	2022	\$	14.93	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
PA 17104			FOOD DURING PETITIONING					
To Whom Paid			мо	DAY	YEAR			
PORTERS HOUSE					,			
Mailing Address			3	19	2022	\$	23.15	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17102	FOOD DURING PETITIONING					
To Whom Paid			мо	DAY	YEAR			
PORTERS HOUSE								
Mailing Address			3	19	2022	\$	5.66	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17102	FOOD DURING PETITIONING					

							FAC	JL 12	
To Wh	om Paid			МО	DAY	YEAR			
TRI-ASIAN TASTE						LAN]		
Mailing Address			3	19	2022	\$	6.57		
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
PA 17102			FOOD DURING PETITIONING						
To Wh	om Paid			МО	DAY	YEAR			
AAA CENTRAL PENN									
Mailing Address			3	25	2022	\$	5.00		
City HAR	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17110	NOTAR	FEE FOR	NOMINA	TING PETIT	ION	
To Whom Paid			МО	DAY	YEAR				
U.S. POSTAL SERVICE									
Mailing Address			3	25	2022	\$	1.45		
City HARRISBURG	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA 17107			MONEY	MONEY ORDER FEE				
To Wh	om Paid			мо	DAY	YEAR			
HILTON									
Mailing Address			3	26	2022	\$	5.00		
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
PA 17101			PARKIN	PARKING FOR PETITIONING EVENT					
To Whom Paid			МО	DAY	YEAR				
STAPLES									
Mailing	g Address			3	28	2022	\$	7.25	
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	17111	COPIES OF COMPLETED PETITIONS					
To Whom Paid				МО	DAY	YEAR			
PARK	HARRISBURG								
Mailing Address			3	28	2022	\$	4.00		
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	17101	PARKIN	G TO FILE	PETITIO	NS		
To Whom Paid			МО	DAY	YEAR				
COMM. OF PA, DEPT. OF STATE					- ZAIN				
	Mailing Address			3	28	2022	\$	100.00	
	g Address								
	g Address HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Mailing		State PA	Zip Code (Plus 4) 17120	Descrip FILLING		enditure			
Mailing	HARRISBURG	PA		FILLING		enditure	P	AGE TOTAL	