

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2022C1181		Report Filed By :	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: LINDA THOMPSON										
Street Address: 2320 FIFTH STREET										
City: HARRISBURG			State: PA	Zip Code: 17110						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	103	STH	DEM	
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2022	TO	3	28	2022		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		258.74				
C. Total Funds Available (Sum Of Lines A and B)				\$		258.74				
D. Total Expenditures (From Schedule III)				\$		258.74				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LINDA THOMPSON	From: <u>1/1/2022</u> To: <u>3/28/2022</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 258.74
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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	MO	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 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 Candidate	Reporting Period
LINDA THOMPSON	From: <u>1/1/2022</u> To: <u>3/28/2022</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
LINDA THOMPSON					
Mailing Address					
2320 FIFTH STREET					
City	State	Zip Code (Plus 4)			
HARRISBURG	PA	17110	3	18	2022
\$ 58.95					

Full Name of Contributor			MO	DAY	YEAR
LINDA THOMPSON					
Mailing Address					
2320 FIFTH STREET					
City	State	Zip Code (Plus 4)			
HARRISBURG	PA	17110	3	28	2022
\$ 100.00					

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 LINDA THOMPSON	Reporting Period From: <u>1/1/2022</u> To: <u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
LINDA THOMPSON	From <u>1/1/2022</u> To: <u>3/28/2022</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
STAPLES	3	18	2022	\$ 15.11
Mailing Address 4203 UNION DEPOSIT ROAD				
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure COPIES OF NOMINATING PETITIONS	
To Whom Paid DOLLAR TREE	3	18	2022	\$ 11.93
Mailing Address 3839 UNION DEPOSIT ROAD				
City HARRISBURG	State PA	Zip Code (Plus 4) 17109	Description of Expenditure PETITIONING SUPPLIES (LATEX GLOVES)	
To Whom Paid WALMART	3	18	2022	\$ 58.95
Mailing Address 6535 GRAYSON ROAD				
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure PETITIONING SUPPLIES (CLIP BOARDS, PENS)	
To Whom Paid BANGKOK 56	3	18	2022	\$ 14.93
Mailing Address 1917 PAXTON STREET				
City HARRISBURG	State PA	Zip Code (Plus 4) 17104	Description of Expenditure FOOD DURING PETITIONING	
To Whom Paid PORTERS HOUSE	3	19	2022	\$ 23.15
Mailing Address 1233 N. 3RD STREET				
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure FOOD DURING PETITIONING	

To Whom Paid PORTERS HOUSE			MO	DAY	YEAR	
Mailing Address 1233 N. 3RD STREET			3	19	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure FOOD DURING PETITIONING			
To Whom Paid TRI-ASIAN TASTE			MO	DAY	YEAR	
Mailing Address 1233 N. 3RD STREET			3	19	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure FOOD DURING PETITIONING			
To Whom Paid AAA CENTRAL PENN			MO	DAY	YEAR	
Mailing Address 2301 PAXTON CHURCH ROAD			3	25	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure NOTARY FEE FOR NOMINATING PETITION			
To Whom Paid U.S. POSTAL SERVICE			MO	DAY	YEAR	
Mailing Address 1425 CROOKED HILL ROAD			3	25	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17107	Description of Expenditure MONEY ORDER FEE			
To Whom Paid HILTON			MO	DAY	YEAR	
Mailing Address 2 N. 2ND STREET			3	26	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PARKING FOR PETITIONING EVENT			
To Whom Paid STAPLES			MO	DAY	YEAR	
Mailing Address 4203 UNION DEPOSIT ROAD			3	28	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure COPIES OF COMPLETED PETITIONS			

To Whom Paid PARK HARRISBURG			MO	DAY	YEAR	
Mailing Address WALNUT STREET			3	28	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PARKING TO FILE PETITIONS			
To Whom Paid COMM. OF PA, DEPT. OF STATE			MO	DAY	YEAR	
Mailing Address 500 NORTH OFFICE BUILDING			3	28	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure FILLING FEE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 259.00

