

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	✓	COMMITTEE	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: LINDA THOMPSON								
Street Address:								
City:				State:		Zip Code: 17110		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes No ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes No ✓
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE		PAPER		✓ DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO DAY YEAR			103	STH
				11 8 2022			DEM	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		1	1	2022	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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 LINDA THOMPSON					MO	DAY	YEAR	\$ 58.95
Mailing Address 2320 FIFTH STREET					3	18	2022	
City HARRISBURG		State PA	Zip Code (Plus 4) 17110					

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

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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	\$ 0.00
Mailing Address							
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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
LINDA THOMPSON		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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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 STAPLES	MO	DAY	YEAR	
Mailing Address 4203 UNION DEPOSIT ROAD	3	18	2022	\$ 15.11
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure COPIES OF NOMINATING PETITIONS	
To Whom Paid DOLLAR TREE	MO	DAY	YEAR	
Mailing Address 3839 UNION DEPOSIT ROAD	3	18	2022	\$ 11.93
City HARRISBURG	State PA	Zip Code (Plus 4) 17109	Description of Expenditure PETITIONING SUPPLIES (LATEX GLOVES)	
To Whom Paid WALMART	MO	DAY	YEAR	
Mailing Address 6535 GRAYSON ROAD	3	18	2022	\$ 58.95
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure PETITIONING SUPPLIES (CLIP BOARDS, PENS)	
To Whom Paid BANGKOK 56	MO	DAY	YEAR	
Mailing Address 1917 PAXTON STREET	3	18	2022	\$ 14.93
City HARRISBURG	State PA	Zip Code (Plus 4) 17104	Description of Expenditure FOOD DURING PETITIONING	
To Whom Paid PORTERS HOUSE	MO	DAY	YEAR	
Mailing Address 1233 N. 3RD STREET	3	19	2022	\$ 23.15
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure FOOD DURING PETITIONING	

To Whom Paid PORTERS HOUSE			MO	DAY	YEAR	\$ 5.66
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	\$ 6.57
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	\$ 5.00
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	\$ 1.45
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	\$ 5.00
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	\$ 7.25
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	\$ 4.00
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	\$ 100.00
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

