Campaign Finance Report

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

Filer Identification	on	20220	C1135				eport led B		CANDI	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, (Candida	ite or Lo	obbyist:		THO	OMA:	S, ANI	NA R									
Street Address:																		
City:									State:				Zip Code	: 180	020			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		/
	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		/
	ANNUAL REPORT 7. Year 2022 FILING METHOD () CHECK ONE									PAPER		\checkmark	DISKE	TTE				
Name of Office S	Sought by Ca	andidat	.e:						DATE C)F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- 		** *66	=					МО	DAY	YEAR	2	137	STH	DEM	1		\neg
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY					11		8 2	022		(SEE INS	TRUCTIO	ONS FOR C	ODES)	,—
Summary of I		and	МО	DAY	YEAR	Ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	2 T	0	5	5	2 2	022						
A. Amount Brou	ught Forwar	rd From	Last R	eport				\$			C	0.00						ļ
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$			O	0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	(1)				\$			0	.00						ļ
E. Ending Cash	Balance (Si	ubtract	Line D	From Line C	2)			\$			(105.	00)						
F. Value Of In-I	Kind Contrib	butions	Receive	ed (From Sc	hedu	le I	Ι)	\$			0	.00						
G. Unpaid Debt	s And Oblig	ations ((From S	chedule IV)			\$			0	.00		1				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Committe	ee repo	rt, trea	surer sign h	iere.	If th	his is	a Can	ididate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	: attached sch	iedules	s file	ed on	paper o	or by elect	tronic m	edium, ar	e to t	the best of i	my know	rledge a	and belie	ef , tru	ie,
Sworn to and subs	cribed before day of	me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
		Signature				_		<i>-</i> -					Printe	d Name				-[
My Commission Ex		Signature	a										Email					- [
	мо	<u> </u>	DA	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	i a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovisi	ions of the	act of Ju	ne 3,19	937 (P.L.	. 1333	١,
Sworn to and subsc		me this										Si	ignature of	Candida	te			-
	day of ——							_					Printed	Name				-
	Sig	ınature						-					1111	Name				_ [
My Commission Exp	_												Email					
		мо	D/	AY	YR			-		Area	Code		Day	time Te	lephon	ne Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
THOMAS, ANNA R	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g Period	(2)	\$	0.00
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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

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				Re	porting I	Period			
				Fro	om:		To	1	
			·			DATE			AMOUNT
Full Name of Contributing	Committee				мо	DAY	YEAR		
Mailing Address								\$	0.00
City	S	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 Committ	ee or Candidate	F	Reporting P	eriod			
		F	From:		To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address							
Mailing Address City	State	Zip Code (Plus 4)					

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	nme of Filing Committee or Candidate			Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule 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	Name of Filing Committee or Candidate					riod				
Fro					n:		To	То:		
						ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
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 Sumr	mary 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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Perio	od	
THOMAS, ANNA R	From:	3/29/2022 To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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

Name of Filing Committee or Candidate	Reporting Period							
Fr			From:			То:		
				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 on Schedule II, In-Kind Contributions Detail			iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period			
F					m:		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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	