### **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 202	2C1135					port		CAI	NDII	IDIDATE COMMITTEE LOBBYIST							Г	
Name of Filing C	Committee, Candi	date or L	obby	ist:		THO	MAS	S, AN	NA R										
Street Address:																			
City:	_								State	e:				Zip Cod	<b>e:</b> 18	3020			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDA'	Y PRE	- 2	2. <b>X</b>	30 DA PRIMA		POST- 3. AMENDMENT Yes REPORT?							No	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDA'	y pre	<u>-</u> !	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes		No	<b>/</b>
report type)	ANNUAL REPORT	7.	Yea	r 2022					IG ME CHEC					PAPER		<b>/</b>	DIS	KETTE	
Name of Office S	Sought by Candida	ate:				-			DAT	E O	F ELE	CT	ION	District Number	Office Code	Pai	rty Co	de Cou Cod	
									МО		DAY		YEAR	137	STH	DEI	М		
REPRESENTATI	VE IN THE GENE	RAL ASS	EMB	LY						11		8	2022	<u> </u>	(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	D	AY	YEAR	2			МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		3	29	2	022	Т	0		5		2	2022	2					
A. Amount Bro	ught Forward Fro	m Last R	epor	t				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts	(From	Sche	dule	· I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and	В)				\$					0.00						
D. Total Expend	ditures (From Sch	nedule II	I)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	Fron	ı Line (	C)			\$				(	105.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (F	rom S	chedu	le II	<b>:</b> )	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Sched	dule IV	)			\$					0.00						
					AFF	IDA	١٧٢	ΓSE	CTIC	NC									
PART I - If this is	s a Committee rep	ort, trea	sure	r sign l	here. I	If th	is is	a Car	ndidat	te re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e atta	ched scl	hedules	s filed	d on	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20							•			Signatu	e of Person	Submit	ting Re	port		_
	Signat		_					-						Print	ed Name	•			
My Commission Ex	_									-				Emai	1				_
	мо	D	AY		YR			_			Ar	ea C	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	auth	orized	Comn	nitte	e, C	andid	ate sł	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge a	and beli	ef this	polit	tical	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (1	P.L. 133	33,
Sworn to and subsc		;											:	Signature o	f Candid	ate			-
	day of		_ 20 _					-						Printe	d Name				-
	Signature							-		-									_
My Commission Exp	ires													Emai	ı				
	МО	D.	AY		YR			-			Area	Cod	le	Da	ytime T	elephor	ne Nui	nber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
THOMAS, ANNA R	From:	3/29/202	<u>2</u> To:	5/2/2022
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)	\$	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	) 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			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

**PAGE TOTAL**\$ 0.00

## 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 Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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

**PAGE TOTAL \$**0.00

#### **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	ne of Filing Committee or Candidate Repor				orting Period						
			From:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate					Reporting Period						
			Fron	n:		To	То:					
				D	ATE		Al	MOUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plu	s 4)									
Employer Name				Occupat	tion							
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Cod	e (Plus 4)				
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			P \$	<b>AGE TOTAL</b> 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 <b>To</b> :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	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	ame of Filing Committee or Candidate					orting P	eriod			
					Froi	m:		To:		
				•			DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plu	us 4)						
Employer of Contributor	•					Occupat	tion		•	
Employer Mailing Address/Principal Pla Business	ce of	City	S	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	nedule II, I	In-Kind	Contribution	ns De	taile	d				PAGE TOTAL
Summary Page, Section 3.	•									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure						
Enter Grand Total of Expenditures					PAGE TOTAL						
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00				