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 :	i on 2022(C0669			Repor Filed E		CANDI	DATE	✓	co	OMMITTEE		LOBE	BYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:			-	ACKENZIE										
Street Address:	Street Address:																
City:							State:				Zip Cod	Zip Code: 18015					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	бТ- 3. Х		AMENDMENT REPORT?		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D. ELEC	•••	POST-	OST- 6.		TERMINATION REPORT?		Yes	No	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2022 FILING METHOD () CHECK ONE								PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by Candidat	:e:					DATE O)F ELE	CTION		District Number	Office Code	Par	ty Code	County Code		
	VE IN THE GENER						мо	DAY	YEA	R	131	STH	REP				
REPRESENTAL	IVE IN THE GENER	AL ASSI	EMBLI				11		8	2022		(SEE INS	TRUCTI	ONS FOR (CODES)		
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEA	R	FOI	ROFFIC	e use	ONLY			
Expenditures	s from:		5 3	2	022 T	0	6	6	6	2022							
A. Amount Bro	ught Forward From	n Last Ro	eport			\$				0.00							
B. Total Monet	ary Contributions A	And Rece	eipts (From	n Sche	dule I)	\$	5			0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00							
D. Total Expen	ditures (From Sche	edule III	[)			\$	5			0.00							
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$	5			0.00							
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$	5			0.00							
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$	5			0.00							
				AFF	IDAVI	t se	CTION										
	s a Committee repo																
I swear (or affirm correct and complete) that this report, incluent etc.	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium, a	ire to	the best of	my know	ledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of		20						Sig	natur	e of Person	Submitt	ing Rep	oort			
						-					Print	ed Name					
My Commission E	Signatur	re									Email						
,	мо	DA	Y	YR		-		Ar	ea Code			e Telepho	one Nu	mber			
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, C	andid	late shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of m	ıy knowle	dge and beli	ef this	political	comn	nittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before me this									s	ignature of	^F Candida	te				
	day of		20								Printed	Name					
	Signature					_											
My Commission Exp	bires										Email						
	мо	DA	λ¥	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** V. MILOU MACKENZIE From: <u>5/3/2022</u> **To:** 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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						
Fro						•				
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City State Zip Code (Plus 4)										
							Γ	PAGE TOTAL		

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

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 Candidat	e		Rep	orting P	eriod				
From:							То:		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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			Reporting					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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				ing Perio	od				
Fron					From: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	ΓAL
		iaiy raye,	Section	7.			\$		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		
V. MILOU MACKENZIE	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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, 3		\$	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:			То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	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 Detaile Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor			-		Occupation					
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributio	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		DATE	AMOUNT				
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	Description of Expenditure						
Enter Grand Total of Expenditures of	an Dago 1. Doport C	over Dage Them F	`				PAGE TOTAL
	Jil Page 1, Report C	over Page, Item I				\$	0.00