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 2022	0227			Repo Filed		y:	CAI	NDI	DATE		COM	AITTEE	✓	LOBI	BYIST	Γ			
Name of Filing C	Committee, Candid	ate or L	obbyist:				-	PSON	FO	R THE	103F	RD								
Street Address:	2320 NORTH	FIFTH S	STREET																	
City:	HARRISBURG							State	9:	PA			Zip Co	de: 17	110					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		30 DA PRIM		Ρ	POST-	3. X		AMENDM REPORT		Yes	N	C	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5. 30 DAY ELECTION				Ρ	POST-	6.		TERMIN/ REPORT		Yes	N	D	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2022					FILING METHOD () CHECK ONE					PAPER		\checkmark	DISK	ETTE			
Name of Office S	L Sought by Candidat	te:						DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour Code			
								мо		DAY	YE	AR	Number	Code	DEN	1	TCOU			
									11		8	2022	·	(SEE INS	TRUCTI	ONS FOR	CODES	5)		
Summary of	Receipts and	мо	DAY	YEAR	Ł			мо		DAY	Y	AR	FC	R OFFIC	CE USE ONLY					
Expenditures	from:		5 3	2	022	т	C		6		6	2022								
A. Amount Bro	ught Forward From	n Last R	eport				\$				5,5	500.00	1							
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00]							
C. Total Funds Available (Sum Of Lines A and B)							\$				5,5	500.00								
D. Total Expen	ditures (From Scho	edule II	I)				\$				2.00									
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				5,4	98.00								
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$					0.00	4							
G. Unpaid Deb	s And Obligations	(From S	Schedule IV	/)			\$					0.00								
				AFF	IDA	/IT	⁻ SE	CTIC	ΟN											
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this	is	a Car	ndidat	te re	eport, c	andi	date sig	gn here.							
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedule	s filed (on p	aper	or by e	electi	ronic m	edium	, are to i	the best o	f my knov	vledge	and bel	ief , tr	ue		
Sworn to and subs	cribed before me this day of	5	20								S	ignature	e of Perso	n Submitt	ing Rep	ort		-		
	Signatu	re					-						Prin	ted Name				-		
My Commission Ex	-								•				Ema	il				-		
	мо	D	AY	YR						Are	ea Coc	e	Daytim	e Teleph	one Nu	mber		_		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	, Ca	ndid	ate sł	nalls	sign he	ere.									
I swear (or affirm) No 320) as amendo	that to the best of n ed.	ny knowle	edge and beli	ief this	politic	alo	comm	ittee h	as n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,		
Sworn to and subso	ribed before me this											S	ignature o	of Candida	ite			-		
	day of 												Printe	d Name				-		
. <u> </u>	Signature													•				_		
My Commission Exp	bires												Ema	11						
	мо	D	AY	YR	1					Area	Code		D	aytime Te	elephon	e Num	ber	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LINDA THOMPSON FOR THE 103RD 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.)

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:			1		
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								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 Candidate Reporting Period										
			Fror	From: To:):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	L)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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	Period					
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	age, Sectio	n 3.	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					
Fr					m: To:				
			D	ATE		AM	OUNT		
Full Name of Contributor					YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupation						
ce 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			
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

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:			То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	Section	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 Period		
LINDA THOMPSON FOR THE 103RD	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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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			AMOUNT				
Full Name of Contributor				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					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption 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 FOR THE 103RD	From	<u>5/</u>	<u>3/2022</u>	<u>6/6/2022</u>						
		DATE	AMOUNT							
To Whom Paid			мо	DAY	YEAR					
M & T BANK										
Mailing Address 4200 DERRY STREE	Т		5	9	2022	\$	2.00			
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА	17111	BANK F	EES						
	PAGE TOTA									
Enter Grand Total of Expenditures of	D .			\$	2.00					