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 | C0507 | | | | port ed B | | CAN | DII | DATE | √ | cc | MMITTEE | | LOBI | BYIST | | |
|--|-------------|--------------|-----------|----------------------|---------|--------|--------------|----------------|----------|--|-----------|----------|------------|--------------------------|--------------------|----------|--------------|---------|----------|
| Name of Filing C | ommitte | e, Candida | ate or Lo | obbyist: | | | N FLO | <u> </u> | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State | | | | | Zip Code | . 18 | 014-9 | 649 | | |
| - | | | | _ | | | | | | | | | | Zip Coue | . 10 | • | 049 | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | P | OST- | 3. | | AMENDMENT Yes No REPORT? | | | | | √ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDATELECTION | Y PRI | E- | 5. X | 30 DA ELECT | | POST- 6. TERMINATION Yes REPORT? | | | | | No |) | \checkmark | | |
| report type) | ANNUAL | REPORT | 7. | Year 2022 | | | | | NG MET | | | | | PAPER | | √ | DISKE | TTE | |
| Name of Office S | Sought by | , Candidat | ·•· | | | | | | DATE | TE OF ELECTION District Office Party C | | | | | ty Code | | | | |
| Name of Office 5 | ought by | Canada | | | | | | | МО | | DAY | YI | EAR | Number 138 | Code STH | REP | | Code | |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | МО | | DAY | Y | EAR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 9 20 | 2 | 022 | Т | 0 | | 10 | 2 | 24 | 2022 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions A | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le II | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | AFF | ·ID | AVI | T SE | CTIO | N | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate | e re | port, c | andi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | hedule | s file | d on | paper | or by el | ectr | onic me | edium | , are to t | the best of | my know | /ledge | and beli | ef , tr | ue |
| Sworn to and subs | cribed bef | ore me this | | 20 | | | | | | | | | Signature | of Person | Submitti | ing Rep | ort | | - |
| | _ | | | | | | | - - | | | | | | Printe | ed Name | | | | - |
| My Commission Ex | pires | Signatur | e | | | | | | | | | | | Email | | | | | - |
| | | мо | D | AY | YR | | | _ | | | Are | ea Co | de | Daytime | Telepho | one Nu | mber | | _ |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate sh | all s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | tical | comm | ittee ha | s no | ot violat | ted ar | ny provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | ribed befo | re me this | | | | | | | | | | | s | ignature of | Candida | te | | | - |
| - | day of — | | | _ 20 | | | | _ | | | | | | | | | | | _ |
| | | Ciam-4- | | | | | | - | | | | | | Printed | Name | | | | |
| My Commission Exp | | Signature | | | | | | | | • | | | | Email | | | | | - |
| | - | мо | D | AY | YR | ł | | • | | | Area | Code | | Day | rtime Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|----------------|------------|
| ANN FLOOD | From: | 9/20/202 | 22 To : | 10/24/2022 |
| 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 |
| | | | T | |
| 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 Page 1 | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | his Part to itemize onl with an aggregate val | - | | | • | | | |
|---------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | ittee or Candidate | | Re | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | 1 | | | DATE | | | AMOUNT |
| Full Name of Contribution | ng Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | • | • | | PAGE TOTAL |

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

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: | | | | | |
|---------------------------------------|-------|-------------------|---|----------------------------|------|------|----|--------|--|
| | | | l | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| 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 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 Candi | e of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|-----------------------------------|------------------------------------|---------------|-------------|------------------|-----|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | Α | MOUNT | | |
| Full Name of Contributing Commit | tee | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary 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.)

| ame of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|---------------------|----------------|---------|------------------|-------|------|------------|-------------|--|
| | | | Fron | n: | | To |) : | | |
| | | | | D | ATE | | АМ | OUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus | 5 4) | | | | | | |
| Employer Name | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | e (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PA \$ | 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 Car | ndidate | | Report | ing Perio | od | | | |
|---------------------------------|----------------------|-----------------|---------|-----------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | • | | | • | |
| Enter Grand Total of Part E on | Schedule T. Detailed | l Summary Page. | Section | 4. | | | P | AGE TOTAL |
| | 2, 2000 | | 22300 | | | | \$ | 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 | |
|--|-----------------|-----------------------------|------------|
| ANN FLOOD | From: | <u>9/20/2022</u> To: | 10/24/2022 |
| 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 | TF) | | |
| 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 Candidat | :e | | Reporting | Reporting Period | | | | | |
|--------------------------------------|--------------------|-----------------------|-------------|------------------|-------|-----------|------------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | | AMOUNT | | |
| 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 Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL | | |
| | | | | | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candi | ne of Filing Committee or Candidate | | | | Re | porting F | Period | | | |
|--|-------------------------------------|---------|------------|---------|--------|-----------|-----------|-------|-----------|-----------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | 1 | | | Occupa | tion | | 1 | |
| Employer Mailing Address/Principal Business | Place of | City | | State | | Zip 4) | Code(Plus | Descr | iption (| of Contribution |
| Enter Grand Total of Part G on | Schedule II, | In-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | , | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | 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 | ption of Ex | penditure | | | | | |
| | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Expe | naitures on Page 1, Re | port Cover Page, Item L |). | | | \$ | 0.00 | | | |