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 :	Filer Identification 20220227 Number :				Repo			CAN	DII	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		LIND	ΑT	НОМІ	PSON	FOF	R THE	103F	RD		-				
Street Address:																		
City:	HARRISBUR	3						State:		PA			Zip Cod	ie: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.		30 DA PRIMA		P	OST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE	- 5.	.х	30 DA		P	OST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPOR	r 7.	Year 2022					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	•					DATE	0	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YI	AR		10000	DEN	1	-	
									11		8	2022	(SEE INSTRUCTIONS FOR CODES))	
Summary of Expenditures	Receipts and	МО	DAY YE	AR			_	МО		DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
			9 20	20)22	T	0		10	2	24	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				5,4	190.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																		
C. Total Funds	Available (Sum 0	of Lines A	and B)				\$				5,4	190.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$					2.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				5,4	84.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$					0.00			'			
			А	FF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is			_															
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached schedu	ules	filed	on	paper (or by el	ectr	onic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me th	is	20						•		S	Signature	of Perso	n Submit	ting Rep	ort		_
							-						Prin	ted Name	e			-
My Commission Ex	Signat cpires	ure							-				Ema	il				-
	мо	D	AY	YR			-		•	Are	ea Coc	le	Daytim	e Telepi	none Nu	mber		_
Part II- If this is	a report of a car	ndidate's	authorized Cor	mm	ittee	, Ca	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his	politic	cal	commi	ittee ha	s no	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		5										s	ignature o	of Candid	ate			-
	day of —— ————						-						Drints	d Name				_
	Signature						-											_
My Commission Exp	_								-				Ema	il				_
	МО	D	AY	YR			•			Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
LINDA THOMPSON FOR THE 103RD	From:	9/20/2022	<u>2</u> 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				
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Candidat	e		Reporting	Period			
			From:		То	:	
				DATE		AMOUN	IT
Full Name of Contributing Committee			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

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)

(EXCID	ue contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			Fro	m:		To):	
		'			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 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	ne of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		,	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 Schee	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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(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 Car	ndidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				МО	DAY	YEAR	\$ 0.00
Mailing Address	_						
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Crand Total of Dort E on	Sahadula I Datailad	Summer Dage	Coation	4			PAGE TOTAL
Enter Grand Total of Part E on	schedule 1, Detalled	Summary 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 Perio	d						
LINDA THOMPSON FOR THE 103RD	From:	<u>9/20/2022</u> To:	10/24/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candi	idate		Reporting Period				
			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-Ki	nd Contributions Detai	led 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				Re	porting	Period				
				Fro	m:		To:			
						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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting			
LINDA THOMPSON FOR THE 103RD	From	9/20/2022	То:	10/24/2022
		DATE		AMOUNT

					DATE			AMOUNT
To Who	om Paid			мо	DAY	YEAR		
M &am	ıp; T			1-10				
Mailing	Mailing Address					2022	\$	2.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17111	SERVIC	E CHARGE	S		
								PAGE TOTAL
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2.00