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			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST	
Name of Filing Committee, Candidate or Lobbyist: LINDA THOMPSON FOR THE 103RD																
Street Address:	2320 NORTH	FIFTH S	TREET													
City:	HARRISBURG							State:	PA			Zip Cod	de: 17	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.		30 DAY P PRIMARY				AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5	5. X	30 DA		POST-	6.		TERMINATION Yes REPORT?				~
report type)	ANNUAL REPORT	7.	Year 2022					NG METH				PAPER		/	DISKE	TTE
Name of Office S	Sought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	EAR		10000	DEM	1	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAF	2			МО	DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		9 20	2	022	Т	0	10		24	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport		·		\$			5,4	190.00					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			5,4	190.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				2.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			5,4	84.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$				0.00			•		
				AFF	IDA	VI	ΓSE	CTION								
	s a Committee rep		_								_					
I swear (or affirm)) that this report, incl ete.	uding the	attached sc	hedule	s filed	l on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	;	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	re	-				-					Prin	ted Name	e		
My Commission Ex	•											Ema	il			
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ief this	s politi	ical	comm	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of 						-					Printe	d Name			
	Signature						-					Ema				
My Commission Exp	ires											Епіа				
	МО	Di	AY	YF	1				Area	Code		D	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LINDA THOMPSON FOR THE 103RD	From:	<u>9/20/202</u>	<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	(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	J 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

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 Candida	te		Reporting Period						
			From:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Car	ndidate		R	Reporting Period					
			F	From:		o:			
					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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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			Rep	orting Pe	riod			
			Fron	n:		т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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					
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 Car	ndidate		Reporting Period					
			From:				:	
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	nter Grand Total of Part F on Schedule II, In-Kind Contributions De				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				Rep	orting	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	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

SCHEDULE III STATEMENT OF EXPENDITURES

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

					DATE	AMOUNT	
	nom Paid			мо	DAY	YEAR	
-	M & amp; T Mailing Address 4200 DERRY STREET				1	2022	\$ 2.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	17111	SERVIC	E CHARGE	S	
							PAGE TOTAL
Ente	r Grand Total of Expenditures o	\$ 2.00					