#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20180075 Number :					Rep File			CAN	DII	DATE		СОМ	MITTEE 🗸		LOBBYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		ТНО	MAS	5, WE	NDI F	RIE	NDS C	)F			·				
Street Address:	47 LYNFORD I	RD																
City:	RICHBORO							State:		PA			Zip Cod	<b>ie:</b> 18	3954-1	322		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT		Yes	No		<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5	5.	30 DA		P	OST-	6. <b>X</b> TERMINATION Yes REPORT?					No		<b>√</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022						G METHOD CHECK ONE					PAPER			TTE	
Name of Office S	Sought by Candidat	te:	-					DATE	O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
								МО		DAY	YE	AR	rumber	Toode	REP		Locat	
									11		8	2022		(SEE IN	STRUCTIO	ONS FOR	CODES	)
Summary of Receipts and							YI	AR	FO	R OFFI	CE USE	ONLY						
Expenditures	from:	1	10 25	2	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$					0.00						
B. Total Monet	ary Contributions /	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C)							\$				17,7	08.05	]					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	<b>/</b> )			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sc	hedule	s filed	l on	paper	or by ele	ectr	onic me	edium	, are to t	he best o	f my kno	wledge a	and beli	ef , tr	ue
Sworn to and subs	cribed before me this	i	20						•		S	ignature	of Perso	n Submit	ting Rep	ort		_
							-		-				Prin	ted Name	e			_
My Commission Ex	Signatuı opires	re							-				Ema	il				_
	мо	DA	AY	YR			-		•	Are	a Coc	le		e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nitte	e, C	andid	ate sha	all s	sign he	re.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ief this	polit	ical	comm	ittee ha	s no	ot violat	ed an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			-
	day of						_						Drinto	d Name				_
	Signature						-						Frinte	u Name				
My Commission Exp	_								-				Ema	il				_
	МО	D/	AY	YR	ł		-			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							
THOMAS, WENDI FRIENDS OF	From:	10/25/202	<u>2</u> To:	11/28/2022				
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	) 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

	this Part to itemize onl with an aggregate value		\$2		) in the				
Name of Filing Committee or Candidate						То	То:		
					DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	)						
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE TOTAL	

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)

Name of Fining Committee of Candidate					Reporting Period From: To:				
					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	me 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.)

Name of Filing Committee or Candid	ame of Filing Committee or Candidate				orting Pe	riod				
				Fro	m:		То	То:		
					D	ATE		AN	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address Tip Code (Plus 4)								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE TOTAL	
								<b>\$</b>	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	od						
THOMAS, WENDI FRIENDS OF	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022					
. 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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			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 Candidate	ame of Filing Committee or Candidate				Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Descr	iption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.				etaile	ed				<b>PAGE TOTAL</b> 0.00		

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				ption of Ex	penditure			
Futou Curand Tatal of Funca					PAGE TOTAL			
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00	