# **Campaign Finance Report**

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

Filer Identificat Number :	ion 2022	2C0538			Repo Filed		CAND	IDATE	✓	CO	OMMITTE	E	LOBI	BYIST		
Name of Filing	Committee, Candie	date or Lo	obbyist:		MARIA	COLL	ETT									
Street Address:	1															
City:							State:					<b>Zip Code:</b> 19002-2207				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	OST- 3.		AMENDMENT REPORT?		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	POST- 6. <b>X</b>		TERMINATION REPORT?		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METH CHECK C				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	⊥ Sought by Candida	ate:					DATE (	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR	12	STS	DEN	1		
SENATOR IN I	HE GENERAL ASS	DEMIDLY					11	L	8	2022		(SEE INS	TRUCTI	ONS FOR (	ODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditure	s from:	1	.0 25	2	022	то	11	L	28	2022						
A. Amount Bro	ought Forward Fro	m Last R	eport			\$				0.00						
B. Total Monet	tary Contributions	And Reco	eipts (Fron	1 Sche	dule I)	\$		0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00						
D. Total Exper	nditures (From Sch	nedule II	[)			\$				0.00	]					
E. Ending Casl	n Balance (Subtrad	t Line D	From Line	C)		\$				0.00						
F. Value Of In	-Kind Contribution	s Receive	ed (From S	chedu	le II)	\$				0.00	_					
G. Unpaid Deb	ts And Obligations	s (From S	chedule IV	()		\$				0.00						
				AFF	IDAV	IT SE	CTION									
	is a Committee rep	•	-								-					
I swear (or affirm correct and comp	i) that this report, ind lete.	cluding the	attached sc	hedules	s filed o	n paper	or by elec	tronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and sub	scribed before me th day of	is	20						s	ignatur	e of Person	n Submitt	ing Rep	ort		
	Signati	ure	-			_					Print	ed Name				
My Commission E	-										Emai	I				
	МО	DA	NY	YR				Ar	ea Cod	e	Daytime	e Teleph	one Nu	mber		
	a report of a can ) that to the best of led.							-		y provis	sions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this Signature of Candidate																
	day of										Printe	d Name				
My Commission Ex	Signature										Emai	1				
	МО	DA	NΥ	YR				Area	Code		Da	ytime Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MARIA COLLETT	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g 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 Candidate				Reporting Period					
		·			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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					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, Detail	ed Summary Pag	je, Se	ection 2	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						
	From:	То:							
				DA	TE		A	MOUNT	
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	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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				
Fro					From:			
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00

### 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
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 Sumn	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 Perio	d	
MARIA COLLETT	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

### 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							<b>\$</b> 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor								
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name 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)				tion of Exp	oenditure				
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item [					PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		