# **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 202	00203			Repor Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	Γ	
Name of Filing C	committee, Candi	date or Lo	obbyist:			-	F A	NN FLO	OD				<b>L</b>				
Street Address:	2157 WEST	DELL ROA	٩D														
City:	BATH						s	State:	PA			Zip Co	<b>de:</b> 18	014-9	549		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MAF		POST-	- 3.		AMENDMENT REPORT?		Yes	N	C	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY CTI		90ST- 6. <b>X</b>		TERMINATION REPORT?		Yes	N	0	$\checkmark$	
report type)	ANNUAL REPORT	<b>F</b> 7.	<b>Year</b> 2022					G METHO HECK OI				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	L Sought by Candida	ate:					I	DATE O	F ELEC	CTIC	DN	District Number	Office Code	Par	ty Code	Cour	
							MO DA			Y	EAR					1	-
								11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR			P	чо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	from:	1	10 25	20	022	ГО		11	2	8	2022						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$			22,	144.37						
B. Total Monetary Contributions And Receipts (From Schedule I)								\$ 200.00									
C. Total Funds Available (Sum Of Lines A and B) \$									22,	344.37							
D. Total Expenditures (From Schedule III)							\$			4	442.73						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			21,9	901.64	4					
F. Value Of In-	Kind Contributior	ns Receive	ed (From S	chedul	le II)		\$			9,2	287.00	4					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	')			\$		0.00								
				AFF	IDAV.	IT S	SEC	TION									
PART I - If this is			-						• •		-	-	£ 1				
correct and comple	) that this report, indete.	cluaing the	e attached sc	neaules	s filed of	і раре	er or	by election	ronic me	aium	i, are to i	the best o	от ту кпоч	viedge	and bei	ier , tr	ue
Sworn to and subs	cribed before me th day of	is	20							9	Signature	e of Perso	n Submitt	ing Rep	ort		_
	Signat	ure				_						Prin	ted Name				_
My Commission Ex	cpires					_						Ema	il				
	мо	DA	AY	YR					Are	a Co	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comm	nittee, (	Cand	lidat	te shall :	sign he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	political	com	nmitt	tee has n	ot violat	ed ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of	5	20								s	ignature	of Candida	ite			-
						_						Printe	ed Name				-
My Commission Exp	Signature	I				_						Ema	il				-
						_											_
	мо	D/	AY .	YR					Area (	Code		D	aytime Te	elephon	e Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF ANN FLOOD	From:	<u>10/25/202</u>	2 <u>2</u> To:	<u>11/28/2022</u>			
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)			\$	200.00			
TOTAL for the Reporting	(2)	\$	200.00				
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			
			1				
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			\$	200.00			

# 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 Commit	tee or Candidate		Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	·				•		PAGE TOTAL
Enter Grand Total of P	art A on Schedule I, Detaile	ed Summary Page, Sec	tion 2.			\$	0.00

PAGE 3

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 Candidate Reporting Period										
FRIENDS OF ANN FLOOD				Froi	From: <u>10/25/2022</u> To				<b>::</b> <u>11/28/2022</u>	
			·			DATE			AMOUNT	
Full Name of Contributor DWIGHT DANSER					мо	DAY	YEAR			
Mailing Address 569 MOORESTOWN	DRIVE							\$	200.00	
City BATH	State		Zip Code (Plus 4)		10	26	2022			
	PA		18014							
									PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, D	Detaile	ed Summary Pag	e, Se	ection 2			\$	200.00	

200.00

# 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 Candic	late		Reporting	J Period				
			From:					
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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 C	andidate		Report	ting Perio	bd				
			From:			То:			
			I	D	ATE		AMOUNT		
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	Receipt Description								
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		0.00

### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

### E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Perio	od	
FRIENDS OF ANN FLOOD	From:	<u>10/25/2022</u> <b>To:</b>	<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)	\$	9,287.00
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		\$	9,287.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

### PAGE 10

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
FRIENDS OF ANN FLOOD					Fro	m:	<u>10/25/20</u>	<u>22</u> <b>To:</b>		<u>11/28/2022</u>
							DATE			AMOUNT
Full Name of Contributor PA GOP						мо	DAY	YEAR		
Mailing Address 3501 NORTH FRONT	STREET S	UITE 20	0						\$	3,349.00
City HARRISBURG	<b>State</b> PA		<b>Zip Code(Plus 4)</b> 17110			11	6	2022		
Employer of Contributor					Occupation				I	
Employer Mailing Address/Principal Place of City State Business			State		4)				of Contribution	
Full Name of Contributor PA GOP						мо	DAY	YEAR		
Mailing Address 3501 NORTH FRONT	STREET S	UITE 20	0						\$	5,938.00
City HARRISBURG	<b>State</b> PA		Zip Code(Plu 17110	us 4)		11	6	2022		
Employer of Contributor						Occupat	ion	•		
Employer Mailing Address/Principal Place of City State Business			State		Zip ( 4)	Code(Plus		d fo	of Contribution IR CAMPAIGN E	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributior	ns Deta	aile	d				<b>PAGE TOTAL</b> 9,287.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period				
FRIENDS OF ANN FLOOD			From	<u>10/2</u>	<u>5/2022</u>	То:	<u>11/28/2022</u>	
				DATE			AMOUNT	
<b>To Whom Paid</b> WINRED			мо	DAY	YEAR			
Mailing Address 1776 WILSON BLV	D SUITE 530		10	26	2022	\$	7.88	
City ARLINGTON State Zip Code (Plus 4)   VA 22209			Description of Expenditure ONLINE BANKING FEE					
To Whom Paid ANN FLOOD				DAY	YEAR			
Mailing Address 2157 WEST DELL F	ROAD		11	1	2022	\$	49.35	
City BATH	State PA	<b>Zip Code (Plus 4)</b> 18014		<b>Description of Expenditure</b> CAMPAIGN PHONE REIMBURSEMENT-NOV.				
To Whom Paid ANN FLOOD			мо	DAY	YEAR			
Mailing Address 2157 WEST DELL F	ROAD		11	15	2022	\$	385.50	
CityBATHStateZip Code (Plus 4)PA18014				<b>ition of Exp</b> JRSEMENT			IT EVENT	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			D.			\$	<b>PAGE TOTAL</b> 442.73	