Campaign Finance Report

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

					port		CAN	DII	DATE	√	CC	DMMITTEE		LOBBYIST					
Name of Filing C	ommittee, Ca	andida	te or Lo	obbyist:		ANI	N FL	OOD			•								
Street Address:																			
City:									State:					Zip Code	: 180	014-9	649		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		Р	OST-	OST- 3.		AMENDMENT REPORT?		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	5. 30 DAY PO				OST-	6. X		TERMINAT REPORT?			No		\	
report type)	ANNUAL REP	PORT	7.	Year 2022					IG MET CHECK					PAPER	\	DISKE	TTE		
Name of Office S	ought by Can	ndidat	e:						DATE	0	F ELEC	CTIO		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEA	R	138	STH	REP			
REPRESENTATI	VE IN THE G	ENERA	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of Receipts and MO DAY YEAR MO							МО		DAY	YE	\R	FOR	OFFIC	E USE	ONLY				
Expenditures	from:		1	10 25	21	022	T	0		11	2	28	2022						
A. Amount Bro	ught Forward	l From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sche	dule	e 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 (Sub	btract	Line D	From Line C	2)			\$					0.00						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From Sc	hedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions ((From S	chedule IV)			\$					0.00						
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is	a Committee	e repo	rt, trea	surer sign h	iere. I	If th	his is	a Can	didate	re	port, c	andid	ate sig	jn here.					
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	edules	s file	ed on	paper o	or by el	ectr	onic me	edium,	are to 1	the best of I	my know	ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before m day of	ne this		20						•		Si	ınatur	e of Person	Submitti	ng Rep	ort		_
		ignature						- -						Printe	d Name				_
My Commission Ex		gnature	-							•				Email					-
	мо		D#	ΑY	YR						Are	ea Code		Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of a	candi	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this											s	ignature of	Candida	te			- $ $
	day of ————							_						Printed	Name				-
	Signa	ature						-											_
My Commission Exp	ires													Email					
	Me	o	DA	AY	YR			•			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ANN FLOOD	From:	10/25/202	<u>22</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	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

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Reporting Period					
			From: To			:		
		-			DATE			AMOUNT
Full Name of Contributin	ng 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)

Name of Filing Commit	tee or Candidate		Reporting Period					
			From: To				o:	
					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 Candida	ame of Filing Committee or Candidate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)								\$	0.00
City	State	Zi	p Code (Plus	i 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 So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
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. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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 Peri	od							
ANN FLOOD	From:	<u>10/25/2022</u> To:	11/28/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	L. 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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	ame of Filing Committee or Candidate			Re	porting F	Period					
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			1			Occupa	tion	<u> </u>	1		
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution	
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.	,									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame of Filing Committee or Candidate							
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)) Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Iten).			\$	0.00	