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	2C1135				Report iled B		CA	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Candi	date or L	obbyist:		TI	HOMAS	S, AN	NA R										
Street Address:																		
City:	_							State	e:				Zip Cod	e: 18	3020			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes		No	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-		30 DA		Р	OST-	6. 3	Х	TERMINATION REPORT?		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 20	022				IG ME CHEC					PAPER		\	DISI	ETTE	
Name of Office S	Name of Office Sought by Candidate: DATE OF ELECTION									District Number	Office Code	Pai	ty Cod	le Cou				
								МО		DAY	1	YEAR	137	STH	DEI	М	1	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY						11		8	2022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY		YEAR			МО		DAY		YEAR	FOI	OFFI	CE USE	ONL	Y	
Expenditures	from:		10	25	202	22 T (0		11	:	28	2022	2					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (F	rom	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ine C)		\$				(105.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (Froi	m Sc	hedule	· II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV))		\$					0.00						
					AFFII	DAVI	ΓSE	CTIC	NC									
PART I - If this is										•			=					
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	e attache	d sch	edules f	iled on p	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my knov	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20									Signatuı	e of Person	Submit	ting Re	oort		_
	Signat						-						Print	ed Name	•			
My Commission Ex	_								-				Email					_
	мо	Di	AY		YR		-			Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authori	zed (Commi	ttee, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and	belie	f this p	olitical	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc		;										:	Signature of	Candid	ate			-
	day of —— ————		_ ²⁰ _				-						Printed	l Name				-
	Signature						-											_
My Commission Exp	ires												Email					
	МО	D.	AY		YR		•			Area	Cod	e	Da	ytime T	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
THOMAS, ANNA R	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	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 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 Candidate				Reporting Period					
		F	From:		То	•			
				DATE			AMOUNT		
Full Name of Contributing Commit	tee		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.

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)

(Exclude		m ponticui comi			301 tCu		,,,	
Name of Filing Committee or	Candidate		Rep	oorting P	eriod			
			Fro	m:		To):	
					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.

lame of Filing Committee or Candidate			Reporting					
			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			
					From:				
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE 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 Candidate		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Peri	od	
THOMAS, ANNA R	From:	10/25/2022 To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	١	
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 Co	Reporting Period						
	From:		To:	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 Dart E	on Schodulo II. In Vi	nd Contributions Data	ilad Sum	mary Da	ao [DACE TOTAL
Enter Grand Total of Part F Section 2.	on Scheaule II, In-Ki	nu Contributions Deta	ilea Sun	шагу Ра	ye,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti					
F						То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	