Campaign Finance Report

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

Filer Identification	on	Filer Identification 2022C1135 Re Fil						t By:	CAN	DII	DATE	✓	CC	OMMITTEE	MMITTEE LOBBYIST				
Name of Filing C	ommittee, Ca	andida	te or Lo	obbyist:		THO	AMC	S, ANI	NA R									•	
Street Address:																			
City:									State:		Zip Code: 18020								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA		Р	OST-	6. X		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL REP	PORT	7.	Year 2022					IG MET						PAPER		DISKE	TTE	
Name of Office S	ought by Can	ndidate	e:						DATE	0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
SESSECTATE	-			=					МО		DAY	YE	AR	137	STH	DEN	1		
REPRESENTATI	VE IN THE G	ENEKA	AL ASSI	EMBLY						11		8	2022	 	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of I		nd	МО	DAY	YEAR	l l			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	2	022	T	0		11		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 (Su	ım Of I	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From	1 Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (Sub	btract	Line D	From Line C	:)			\$				(10	5.00)						
F. Value Of In-l	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	ID	AVI	T SE	CTIO	N									
PART I - If this is		-	•	-							• '								
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	edules	s file	ed on	paper (or by el	ectr	onic me	edium	are to	the best of	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before m day of	ne this		20								s	ignatur	e of Person	Submitti	ing Rep	oort		_
	Si	ignature						_						Printe	d Name				-
My Commission Ex		gnatart	_							•				Email					-
	мо		DA	ΑY	YR						Are	ea Cod	e	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	candi	idate's	authorized (Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted an	y 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					
	M	0	D/	AY	YR	l		-			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		
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	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	y 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 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

	his Part to itemize onl with an aggregate val	-			•						
Name of Filing Committee or Candidate				Reporting Period							
			Fre	om:		То	:				
		1			DATE			AMOUNT			
Full Name of Contribution	ng Committee			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.

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:					
						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 Candidate Repo			Reporting	ng Period					
			From:			То:			
				DA	ΛΤΕ.		Α	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sc	hedule 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.)

Reporting Period						
NT						
0.00						
us 4)						
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 Co	Name of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				D	ATE		AM	10UNT			
Full Name				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4)								
Receipt Description	·	•									
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL			
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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	Reporting Period						
	From:						
				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 Sch	andula II. In-Kir	nd Contributions Data	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					Re	porting	Period				
					Fro	From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•				Occupation						
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00