### **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 2	2022C	:0703				port		CAN	CANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing C	ommittee, Ca	ndida	te or Lo	obbyist:		LEA	ANNE	KRUI	EGER		•								
Street Address:																			
City:									State	ł				Zip Code	: 190	086			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1. 2ND FRIDAY PRE- PRIMARY 2. 30 DAY PRIMARY						Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA' ELECTION	Y PRE	PRE- 5. 30 DAY PO					POST- 6. <b>X</b>			TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL REP	PORT	7	<b>Year</b> 2022					IG ME					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Can	ıdidate	e:						DATE	0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
<b></b>									МО		DAY	YE	AR	161	STH	DEN	1		
REPRESENTATI	VE IN THE G	ENERA	AL ASSI	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR (	ODES	)
Summary of I		nd	МО	DAY	YEAR	R			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	.0 25	2	022	T	0		11	2	28	2022						
A. Amount Bro	ught Forward	From	Last R	eport				\$	-				0.00						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Su	m Of L	_ines A	and B)				\$					0.00						
D. Total Expend	ditures (From	Sche	dule II	(1)				\$					0.00						
E. Ending Cash	Balance (Sub	otract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-l	Kind Contribu	ıtions	Receive	ed (From So	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligat	tions (	From S	chedule IV	)			\$					0.00						
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is		•	•								•		_						
I swear (or affirm) correct and comple		t, inclu	ding the	attached sch	nedules	s file	ed on	paper (	or by el	ectr	onic me	edium	, are to t	the best of i	my know	ledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before m day of	ne this		20						•		s	ignature	e of Person	Submitti	ng Rep	ort		
	- Si	gnature						- -						Printe	d Name				_
My Commission Ex	•	J	•							-				Email					-
	мо		DA	lΥ	YR			_			Are	ea Cod	e	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of a	candi	date'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	/ knowle	dge and beli	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					
	МС	0	D#	λΥ	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		
LEANNE KRUEGER	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	rom:		То	:			
		·		DATE			AMOUNT		
Full Name of Contributing Com	mittee		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.

### 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	e or Candidate		Rep	orting 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.

Name of Filing Committee or Candidate	ne 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							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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	me of Filing Committee or Candidate			Reporting Period					
			Fror	n:		To	<b>)</b> :		
				D	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		I		Occupa	tion	•			
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	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	Name of Filing Committee or Candidate		Report	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						$\neg$	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	•	
			<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Per	od	
LEANNE KRUEGER	From:	<u>10/25/2022</u> <b>To:</b>	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 Candidate				Reporting Period				
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate				porting	Period			
						From:			
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occup	ation		•	
Employer Mailing Address/Principal Pl	ace of Business	Ci	ty	Stat	e Ziţ	Code(Plus 4)	Descr	iption	of Contribution
Enter Grand Total of Part G on So	hedule II. In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,,								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)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00	