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	20220	C0862				port		CANDI	DATE	✓	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	committee	e, Candida	ate or Lo	obbyist:					1 1TCHELI	L							_	
Street Address:																		
City:									State:				Zip Code	: 18	974			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X	AMENDMENT Yes REPORT?)	l
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	E-	5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH						DISK	TTE		
Name of Office S	L Sought by	Candidat	e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Cour	
	g,								МО	DAY	YEAR	₹	6	STS	DEN	1	Code	
SENATOR IN TH	HE GENER	RAL ASSE	MBLY						11		8 2	022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	2			МО	DAY	YEAI	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	Т	0	6	5	6 2	2022						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$			(0.00						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$			(0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(0.00						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			C	0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(467.	89)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le I	I)	\$			C	0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$			C	0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candidat	te siç	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	hedule	s file	ed on	paper (or by elect	tronic m	edium, aı	re to t	he best of	my know	/ledge	and bel	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20							Sigr	nature	of Person	Submitti	ing Rep	ort		-
		Signatur	·e					- -					Printe	d Name				-
My Commission Ex	cpires							_					Email					_
		мо	DA	ΑY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.I	133	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of							_					Printed	Name				-
	5	Signature						-						_				_
My Commission Exp	ires												Email					
	_	мо	D/	AY	YR	ł		-		Area	Code		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
ANN MARIE MITCHELL	From:	5/3/20	<u>22</u> To :	6/6/2022
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	j 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	J 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

	this Part to itemize onl with an aggregate value		\$2) in the			
				om:	renou	То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<u> </u>			DAGE TOTAL

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 Committee or Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candidate			Reporting Period						
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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	andidate		Report	ting Perio	bd			
			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 Summary r uge,	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 Period	I	
ANN MARIE MITCHELL	From:	<u>5/3/2022</u> To:	6/6/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidat	lame of Filing Committee or Candidate Re						
	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	ame of Filing Committee or Candidate					Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			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 Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00