# **Campaign Finance Report**

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

Filer Identificat Number :	tion 2022	C0862			Repor Filed		CAND	IDATE	<b>√</b>	co	OMMITTE	E	LOB	BYIST			
	Committee, Candida	ate or Lo	obbyist:			-	MITCHEL	L									
Street Address	:																
City:							State:					<b>Zip Code:</b> 18974					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY	POST-				AMENDMENT REPORT?		No	, 🔨		
(place X to the right of	6TH TUESDAY PRE-ELECTION						DAY CTION	POST-	6. <b>X</b>		TERMINA REPORT?		Yes	No	) 🗸		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				ILING METHOD						$\checkmark$	DISKE	TTE		
Name of Office Sought by Candidate:							DATE	OF ELE	CTI	N	District Number	Office Code	Par	ty Code	County Code		
	CENATOD IN THE CENEDAL ACCEMPLY							DAY	Y	EAR	6	STS	DEN	1	•		
SENATOR IN I	SENATOR IN THE GENERAL ASSEMBLY							1	8	2022	]	(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	<b>EAR</b>	FO	R OFFIC	E USE	ONLY			
Expenditure	s from:	1	LO 25	2	022	ГО	1	1	28	2022							
A. Amount Bro	ought Forward Fron	n Last R	eport				\$		(2,0	)93.52)							
B. Total Mone	tary Contributions A	And Rec	eipts (Fron	1 Sche	dule I)		\$	0.00									
C. Total Funds	s Available (Sum Of	Lines A	and B)				\$		(2,0	93.52)							
D. Total Exper	nditures (From Sche	edule II	[)				\$			727.75							
E. Ending Casl	h Balance (Subtract	t Line D	From Line	C)			\$		(2,8	21.27)							
F. Value Of In	-Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00							
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	()			\$			0.00							
				AFF	IDAV	IT S	ECTION										
	is a Committee repo	•	-								-						
correct and comp	n) that this report, incluie lete.	uaing the	attached sc	nequie	s med on	граре	er or by elec	tronic n	lealun	n, are to	the best of	пу кноч	vieuge	anu ben	er, true		
Sworn to and sub	scribed before me this day of	•	20							Signatur	e of Persor	n Submitt	ing Rep	oort			
	Signatur	re				_					Print	ted Name					
My Commission E	Expires					_					Emai	il					
	МО	DA	AY	YR				Aı	ea Co	de	Daytim	e Teleph	one Nu	mber			
	s a report of a cand ) that to the best of m led.							-		ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.I	1333,		
Sworn to and subs	cribed before me this day of		20							s	ignature o	of Candida	ite				
						_					Printe	d Name					
My Commission Ex	Signature					-					Emai	il					
						_			<u> </u>								
	мо	D	AY	YR	Ł			Area	Code		Da	aytime Te	elephor	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate				
ANN MARIE MITCHELL	From:	<u>10/25/20</u>	) <u>22</u> <b>To:</b>	<u>11/28/2022</u>
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 Page			\$	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						
					From: To:					
		·			DATE			AMOUNT		
Full Name of Contributing 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		

PART B 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 Candida	te		Rep	orting P	eriod					
			Fror	m:		Тс	):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	City State Zip Code (Plus 4)									
								PAGE TOTAL		
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

## PART D 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					
Fre				From:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00	

### PART E **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			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Perio	od	
ANN MARIE MITCHELL	From:	<u>10/25/2022</u> то:	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business (	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate	2		Reporti	ng Period				
ANN MARIE MIT	CHELL			From	<u>10/25/2022</u>		То:	<u>11/28/2022</u>	
					DATE A				
To Whom Paid				мо	DAY	YEAR			
SITE GROUND HO	OSTING					•			
Mailing Address			11	9	2022	\$	223.87		
City ALEXAND	RIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
VA 22314				WEBSIT	E EXPENS	E			
To Whom Paid				мо	DAY	YEAR			
SITE GROUND HO	OSTING								
Mailing Address				11	11	2022	\$	267.89	
City ALEXAND	RIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I		
		VA	22314	WEBSIT	E EXPENS	E			
To Whom Paid				мо	DAY	YEAR			
SITE GROUND HO	OSTING								
Mailing Address				11	12	2022	\$	235.99	
City ALEXAND	RIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		VA	22314	WEBSIT	E EXPENS	E			
				_				PAGE TOTAL	
Enter Grand To	tal of Expenditures	on Page 1, Report	Cover Page, Item I	<b>)</b> .			\$	727.75	