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	2022C	:0862				port ed B		CAND	IDATE	~	CO	MMITTEE		LOBI	BYIST		
Name of Filing Committee, Candidate or Lobbyist: ANN MARIE MITCHELL																		
Street Address:																		
City:				,					State:				Zip Code	: 18	974			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		POST-	6. 2	х	TERMINAT REPORT?	No		/		
	ANNUAL REF	PORT	7.	Year 2022					NG METH CHECK (PAPER	PAPER DISKE				
Name of Office S	ought by Car	ndidate	e:						DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	'	YEAR	6					
SENATOR IN TH	1E GENERAL	ASSE	MBLY						1:	1	8	2022		(SEE INS	TRUCTI	ONS FOR C	ODES	,
Summary of I	•	nd	МО	DAY	YEAR	Ł			МО	DAY	ľ	YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	2	022	<u>?</u> T	0	1	1	28	2022						
A. Amount Brou	ught Forward	d From	Last R	eport				\$			(2,	093.52)						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Su	um Of L	Lines A	and B)				\$			(2,	093.52)						
D. Total Expend	ditures (From	n Sched	dule II	(1)				\$				727.75						
E. Ending Cash	Balance (Sul	btract	Line D	From Line C	2)			\$			(2,8	821.27)]					
F. Value Of In-I	Kind Contribu	utions	Receive	ed (From Sc	:hedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obliga	itions (From S	ichedule IV)			\$				0.00		'				
					AFF	·ID/	AVI	T SE	CTION									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	nere. !	If th	nis is	a Can	ıdidate ı	report,	cano	didate sig	jn here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic n	nediu	m, are to t	the best of I	my know	/ledge	and belie	ef , tro	ıe'
Sworn to and subso	cribed before n day of	ne this		20								Signature	e of Person	Submitt	ing Rep	ort		-
		ignature			_			- -					Printe	d Name				-[
My Commission Ex		gnatar											Email					- [
	мо		DA	4Y	YR					Aı	rea C	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a candi	date's	authorized	Comn	nitte	ee, C	andida	ate shal	II sign here.								
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and belie	ef this	poli	itical	commi	ittee has	e has not violated any provisions of the act of June 3,1937 (P.L. 1333,								3,
Sworn to and subsc		e this										s	ignature of	Candida	te			-
	day of —— ——							_					Printed	Name				-
	Signa	ature						-					rimited	Name				_
My Commission Exp	_												Email					
	м	10	D/	AY	YR	l l		-		Area	Code	e	Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ANN MARIE MITCHELL	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	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 ar 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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o:	
			•		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	١					

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	date		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 Can	didate			Rep	orting Pe	riod			
				Froi	m:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name		,			Occupa	tion	•	•	
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	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 or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
ANN MARIE MITCHELL	From:	10/25/2022 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	:e		Reporting	g Period			
			From:			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 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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
ANN MARIE MITCHELL			From	10/2	5/2022	То:	11/28/2022
		,		DATE			AMOUNT
To Whom Paid SITE GROUND HOSTING			МО	DAY	YEAR		
4ailing Address 700 N. FAIRFAX ST. SUITE 614				9	2022	\$	223.87
City ALEXANDRIA State VA Zip Code (Plus 4) 22314				ption of Exp	1		
To Whom Paid SITE GROUND HOSTING			МО	DAY	YEAR		
Mailing Address 700 N. FAIR	RFAX ST. SUITE 614		11	11	2022	\$	267.89
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22314		ption of Exp			
To Whom Paid SITE GROUND HOSTING	·	•	МО	DAY	YEAR		
Mailing Address 700 N. FAIR	RFAX ST. SUITE 614		11	12	2022	\$	235.99
City ALEXANDRIA State VA Zip Code (Plus 4) 22314				ption of Exp		<u> </u>	
Enter Grand Total of Expend	ditures on Page 1. Re	port Cover Page. Item D).				PAGE TOTAL
		port octor : ago, =:::::: =				l ≰	727 75

727.75