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 :	ion 2018	30075			Repo Filed			CANDI	DATE		COMM	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candida	ate or L	obbyist:	7	ГНОМ	AS, W	VEI	NDI FRIE	ENDS (OF_							_
Street Address:	47 LYNFORD I	RD		_			_										_
City:	RICHBORO			_]	State:	PA	_		Zip Cod	de: 18	8954-1	.322		_
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.	30 E PRIN			POST-	3.		AMENDM REPORT?		Yes	No	Y	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	PRE-	- 5.			NY F ΓΙΟΝ	POST-	6.		TERMINA REPORT		Yes	No		_
report type)	ANNUAL REPORT	7. X	Year 2022	_	I			NG METHO CHECK OI							DISKE	TTE	
Name of Office S	Sought by Candidat	te:			_		1	DATE O	F ELE	СТІ	ON	District Number		Par	rty Code	County	y
	- ,							МО	DAY	Y	YEAR	178	STH	REP	,	09	_
REPRESENTATI	IVE IN THE GENER	(AL ASS	EMBLY					11		8	2022		(SEE IN	ISTRUCTI	ONS FOR C	CODES)	
	Receipts and	МО		AR				МО	DAY	Y	YEAR	FC	OR OFFI	CE USE	ONLY		
Expenditures	; from: 		11 29	20)22	то		12		31	2022					_	_
A. Amount Bro	ought Forward Fron	n Last R	eport				\$			17,	,708.05						
B. Total Moneta	ary Contributions A	And Rec	eipts (From Sc	hed	lule I)		\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)	_			\$			17,	,708.05						
D. Total Expend	iditures (From Sch	edule II	.1)				\$			17,	,708.05]					
E. Ending Cash	n Balance (Subtract	t Line D	From Line C)	_		_	\$				0.00	1					
F. Value Of In-	-Kind Contributions	Receiv	ed (From Sche	dul	e II)	\bot	\$				0.00	1					
G. Unpaid Debt	ts And Obligations	(From 5	Schedule IV)				\$				0.00	<u> </u>					_
			А	ŦŦ	IDAV	IT S	εC	CTION									4
	s a Committee repo	•	-								_						
I swear (or affirm) correct and comple) that this report, incl lete.	uding the	a attached schedu	ıles	filed o	n pape	ar o	r by electr	ronic m	ediun	n, are to t	:he best o	f my kno	wledge :	and belie	af , true	a,
Sworn to and subs	scribed before me this day of		20								Signature	e of Perso	n Submit	ting Rer	ort		
	Signatu	ire		_		_				-		Prin	nted Name	<u> </u>			-
My Commission Ex	xpires					_		•				Ema	ıil				_]
	мо	D/	PAY Y	YR					Ar	rea Co	ode	Daytim	ne Teleph	none Nu	mber		ل
Part II- If this is	a report of a cand	didate's	authorized Cor	mm	ittee,	Cand	ida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende) that to the best of m	ny knowk	edge and belief t	his r	politica	ıl com	ımit	ttee has n	ot viola	ited a	ıny provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	cribed before me this day of		30							-	Si	Signature o	of Candid	late			
	<u> </u>					_						Printe	ed Name				•
My Commission Exp	Signature pires			_		_						Ema	 ail				-
My Commission 22.																	
	МО	D	PAY	YR					Area	Code	à	D	aytime T	elephor	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
THOMAS, WENDI FRIENDS OF	From:	11/29/202	<u>22</u> To:	12/31/2022
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
			<u> </u>	
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 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Nume of Fining Comm		Reporting Period From: To			То:			
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<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	Candidate		Rep	oorting P	eriod			
	From: 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			Reporting	Period				
			From:			То:		
				DA	TE		А	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 Scho	edule 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 Ca	andidate			Rep	orting Pe	eriod			
				Fror	m:		T	o:	
			_		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/Princ Business	cipal Place of		City			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C	on Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.			P.	AGE TOTAL 0.00
							L		

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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
THOMAS, WENDI FRIENDS OF	From:	11/29/2022 To:	12/31/2022
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	date			Reporti	ng Period			
THOMAS, WENDI FRIENDS OF				From	11/29	9/2022	То:	12/31/2022
					DATE			AMOUNT
o Whom Paid ommunity 1st				мо	DAY	YEAR		
Mailing Address PO Box 1142			12	27	2022	\$	12,708.05	
City Langhorne	State PA		Zip Code (Plus 4) 19047	Descrip contrib	otion of Exp ution	penditure		
To Whom Paid Northampton Township Republicar	n Committee			МО	DAY	YEAR		
Mailing Address 196 Hilltop Dr.			12	27	2022	\$	5,000.00	
City Churchville State Zip Code (Plus 4) PA 18966				Descrip contrib	otion of Exp ution	enditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

17,708.05