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 2020	0203			Repor Filed E		CA	NDI	DATE		COMM	AITTEE	~	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEND	S OF	ANN	FLO	OD							
Street Address:																
City:	BATH						State: PA					Zip Co	de: 1	8014-9	649	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6.		TERMIN. REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2022				NG MI					PAPER		/	DISKE	TTE
Name of Office S	- Sought by Candida	te:					DAT	ΈO	F ELEC	TIO	N	District Number	Office Code	Pai	rty Code	County Code
							МО		DAY	YE	AR			REF)	
								11		8	2022		(SEE II	NSTRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		11 29	20)22 T	0		12	3	1	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				21,9	01.64					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				21,9	01.64					
D. Total Expend	ditures (From Scho	edule II	I)			\$				30	62.05					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				21,53	39.59					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			1		
				AFF	IDAVI	T SE	CTI	NC								
I swear (or affirm)	s a Committee report, incl	*	_								_		of my kno	wledge	and beli	ef , true
correct and comple	ete. cribed before me this															
	day of		20			_				Si	gnature	of Perso	n Submi	tting Re _l	port	
	Signatu	re				-						Prin	ted Nam	ie		
My Commission Ex	·					_						Ema	il			
	МО	D.	AY	YR					Are	a Code	e	Daytin	ne Telep	hone Nu	mber	
	a report of a cand				•				_		_					
No 320) as amende		iy knowle	edge and beli	ief this	political	comm	ittee I	nas n	ot violat	ed any	, provis	ions of th	e act of :	June 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature	of Candid	date	_	
	_					_						Printe	ed Name			
My Commission Exp	Signature ires											Ema	iil			
	мо	D	AY	YR		-			Area (Code		D	aytime '	Telephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ANN FLOOD	From:	11/29/202	<u>2</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
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

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						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				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.

or Candidate		Reporting Period							
					То:				
			DATE			AMOUNT			
		мо	DAY	YEA	ıR				
					\$	0.00			
State	Zip Code (Plus 4)			ĺ	Ī				
			From:	Prom: DATE MO DAY	From: DATE MO DAY YEA	From: To: DATE MO DAY YEAR \$			

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		Reporting						
			From: To:					
				DA	TE		P	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 Schee	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	lame of Filing Committee or Candidate					riod					
							Т	То:			
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	i	0.00	
Mailing Address											
City	State	Zip C	Code (Plus	4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec					on 3.			\$	PAGE TOTA	L .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	ing Peri	od					
			From: To:							
				E	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	us 4)							
Receipt Description	'									
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dome C	` !	4			ı	PAGE TOTAL		
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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	iod								
FRIENDS OF ANN FLOOD	From:	<u>11/29/2022</u> To:	12/31/2022							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	TF)									
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 Ca	Reporting 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:	•		•					
					Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,	PAGE TOTAL		
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period			
	Fi						То:		
						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 Place of Business City						Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

362.05

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Name of Filing Committee or Candidate							
FRIENDS OF ANN FLOOD	FRIENDS OF ANN FLOOD					То:	12/31/2022	
		DATE		AMOUNT				
To Whom Paid			МО	DAY	YEAR			
ANN FLOOD								
Mailing Address	12	12 1 2022			49.35			
City BATH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18014	CELL PHONE REIMBURSEMENT-DECEMBER					
To Whom Paid			МО	DAY	YEAR			
OLD TOWN DELI			MO		LAK			
Mailing Address			12	7	2022	\$	312.70	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17101	CAMPA1	GN BRUNG	CH			
Enter Grand Total of Expen	ditures on Page 1, Re	eport Cover Page, Item [).				PAGE TOTAL	