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	C0507				eport led B		CANI	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, (Candida	ite or L	obbyist:		ANI	N FL	OOD											
Street Address:																			
City:									State:					Zip Code	: 180	014-9	649		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		POST- 6. TERMINATION YER REPORT?					Yes	No		/	
report type)	ANNUAL RE	EPORT	7. X	Year 2022					IG METHOD CHECK ONE					PAPER		\	DISKE	TTE	
Name of Office S	ought by Ca	andidat	:e:						DATE	TE OF ELECTION District Office Number Code Party Co						ty Code	Coun		
353505NITATI	- 	SENED		= 11511/					МО		DAY	YEAR	2	138	STH	REP	,		
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY					1	11		8 2	022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	≀			МО		DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			11 29	2	022	<u>2</u> T	0		12	3	31 2	022						
A. Amount Bro	ught Forwar	rd From	ı Last R	eport				\$				C	0.00						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$				C	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$				C	0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	(1)				\$				0	.00						
E. Ending Cash	Balance (Si	ubtract	Line D	From Line C	2)			\$				0	.00						
F. Value Of In-	Kind Contrib	butions	Receive	ed (From Sc	chedu	le I	1)	\$				0	.00						
G. Unpaid Debt	s And Oblig	ations ((From S	chedule IV)			\$				0	.00		'				
					AFF	·ID	AVI	T SE	CTIO	N									
PART I - If this is	a Committe	ee repo	rt, trea	surer sign h	iere.	If th	his is	a Can	didate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	: attached sch	iedules	s file	ed on	paper o	or by ele	ectr	onic me	edium, ar	e to t	he best of ı	my know	/ledge	and beli	ef , tri	ıe
Sworn to and subs	cribed before day of	me this		20						•		Sign	ature	of Person	Submitti	ing Rep	ort		-
				<u> </u>				-		•				Printe	d Name				-[
My Commission Ex		Signature	e							-				Email					-
	мо)	D/	AY	YR						Are	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 sha	ıll s	sign he	ere.							Ī
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	s no	ot violat	ted any p	rovisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											Si	ignature of	Candida	te			-
	day of ——			_ 20				_						Printed	Name				-
	Sigr	nature				—		-		_									_
My Commission Exp	_													Email					
		мо	Di	AY	YR	<u> </u>		-			Area	Code		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 FLOOD	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
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

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 Candida	Reporting Period						
		F	rom:		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.

Name of Filing Commi	ttee or Candidate	1	Reporting I	Period			
		,	From:		To	o:	
		I		DATE			AMOUNT
Full Name of Contributor	r		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)		1	Ī	I	

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	ne of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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	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 Dance 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	
ANN FLOOD	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidate	ame of Filing Committee or Candidate Rep					Reporting Period					
Fn					To:	То:					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	-	-	•	•	•						
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L			
Section 2.						\$		0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
	From			То:						
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL			
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00			