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	C1135				Repo Filed	_	:	CA	NDII	DATE	*	COMMITTEE LOBBYIST				Т			
Name of Filing C	ommittee	Candida	ite or Lo	bbyis	st:	T	ГНОМ	AS,	INA	NA R											
Street Address:															_						
City:										State	e:				Zip Co	de	: 180	020			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND PRIM	FRIDAY ARY	PRE-	2.		DA RIMA		Р	OST-			AMENDMENT REPORT?		Yes		No	\	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND ELEC	FRIDAY TION	PRE-	- 5.		DA ECT	Y	Р	OST-	6.		TERMIN REPORT		ION	Yes		No	\
report type)	ANNUAL I	REPORT	7. X	Year	2022					IG ME CHEC					PAPER			/	DIS	KETTE	
Name of Office S	ought by	Candidat	e:							DAT	ΕO	F ELE	CT.	ION	District Numbe		Office Code	Par	ty Co	de Cou Cod	
REPRESENTATI	VF IN THE	GENER	AI ASS	FMRI	Υ					МО		DAY		YEAR	137		STH	DEN	1		
NEI NEGENTIALI	VL 211 1111	CENTER	, 12 , 100		•						11		8	2022			(SEE INS	TRUCTI	ONS FO	OR CODE	S)
Summary of		and	МО	DA	Υ	YEAR				МО		DAY		YEAR	F	OR	OFFIC	E USE	ONL	Y	
Expenditures	trom:		1	11	29	20)22	то			12		31	202	2						
A. Amount Bro	ught Forw	ard From	Last R	eport					\$					0.00)						
B. Total Moneta	ary Contril	outions A	and Rec	eipts	(From	Sched	lule I)	\$					0.00							
C. Total Funds	Available	(Sum Of	Lines A	and E	3)				\$					0.00)						
D. Total Expenditures (From Schedule III) \$												0.00									
E. Ending Cash	Balance (Subtract	Line D	From	Line C)		_	\$				((105.00)	_						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00							
G. Unpaid Debt	s And Obli	gations	(From S	ched	ule IV))			\$					0.00			'				
						AFFI	[DAV	/IT S	SE	CTIC	NC										
PART I - If this is		-	-		_										_						
I swear (or affirm) correct and comple		port, inclu	uding the	attacl	hed sch	edules	filed o	n pap	per o	or by e	electr	onic m	ediu	ım, are to	the best	of n	ny know	ledge	and b	elief , t	rue
Sworn to and subs	cribed befor	e me this		20										Signatu	re of Pers	on S	Submitti	ng Rep	ort		
		Signatur	e					_							Pri	nte	d Name				
My Commission Ex	opires _							_			•				Em	ail					
	M	10	D/	λY		YR						Are	ea C	Code	Daytii	me	Telepho	ne Nu	mber		
Part II- If this is	a report o	of a cand	idate's	autho	rized (Commi	ittee,	Can	dida	ate sl	nall s	sign he	ere	•							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge a	nd belie	f this p	politic	al co	mmi	ittee h	as no	ot viola	ted	any provi	sions of t	he a	act of Ju	ne 3,1	937 (P.L. 13	33,
Sworn to and subscribed before me this													Signature	of (Candida	te			— I		
-	day of — –			_ 20 _				_							Print	ed	Name				-
	Si	gnature						_													_
My Commission Exp	ires											Email									
		мо	D	λY		YR						Area Code Daytime Telephone Num					nber	_			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary rage									
Name of Filing Committee or Candidate	Reporting	g Period							
THOMAS, ANNA R	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 Pa			\$	0.00					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val	-	\$2) in the			
			From: T				:	
		·			DATE			AMOUNT
Full Name of Contributi	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
		ļ.						PAGE 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 Candi	date			Reporting Period					
			From: T			Го:			
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candida	nme of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	ΛΤΕ.		Α	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 Sc	hedule 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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fron	n:		To	То:		
					D	ATE		A	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	s 4)						
Employer Name		·			Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Scho	edule I, Detai	led Sumn	nary Page,	Section	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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page.	Section	4.			PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$ 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						
THOMAS, ANNA R	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	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	Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				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	ame of Filing Committee or Candidate				Re	porting P	Period				
					Fro	om:		To:	То:		
							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 Place of Business City State						Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate					Reporting Period					
				DATE			AMOUNT				
To Whom Paid	МО	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure								
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL				
).			\$	0.00				