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 2022	0227			Repor Filed	-	CAND	IDATE		СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	bbyist:		LINDA	THOM	1PSON FC	DR THE	103RI	D					
Street Address: 2320 FIFTH STREET															
City:	HARRISBURG						State:	PA			Zip Co	de: 17	110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY						AY 1ARY	POST-	POST- 3.			1ENT ?	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 D ELEC	AY CTION	POST- 6.			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2022				NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	OF ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	- <i>i</i>						мо	DAY	YE	AR	Humber	couc	DEN	1	coue
							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:	1	1 29	2	022	ГО	12	2 3	31	2022					
A. Amount Bro	ught Forward Froi	n Last Re	port			¢,	5		5,48	86.00					
B. Total Monet	ary Contributions	And Rece	ipts (Fron	1 Sche	dule I)	5	\$			0.00					
C. Total Funds	Available (Sum Of	f Lines A a	and B)			5	\$		5,48	86.00					
D. Total Expen	ditures (From Sch	edule III)			9	\$			2.00					
E. Ending Cash	Balance (Subtrac	t Line D F	rom Line	C)			5		5,48	34.00	-				
F. Value Of In-	Kind Contribution	s Receive	d (From S	chedu	le II)		5			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		9	\$			0.00					
				AFF	IDAV	IT SI	ECTION								
	s a Committee rep		-					• •		-					•
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	s filed or	ı papeı	or by elec	tronic me	edium,	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20			_			Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prin	ted Name			
My Commission E	xpires										Ema	il			
	МО	DA	Y	YR				Are	a Code	3	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's a	uthorized	Comm	nittee, (Candie	date shall	sign he	ere.						
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowlee	dge and beli	ef this	politica	l comr	nittee has ı	not violat	ed any	, provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	cribed before me this day of		20							s	ignature	of Candida	ite		
						_					Printe	d Name			
My Commission Fyr	Signature							Email							
My Commission Exp	/ii e3					_									
	МО	DA	Y	YR		_		Area (Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LINDA THOMPSON FOR THE 103RD From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
				From: To:			:		
		·			DATE			AMOUNT	
Full Name of Contributing Committee			мо		DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

PART B 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 Reporting Period										
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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			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 Schedule I, Detailed Summary Page, Sectio							\$	0.00	

PART D 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				Reporting Period						
From				om:			To:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE TOTAL 0.00		

PART E **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			Reporting Period							
			From:			To:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description					•					
		_		_				PAGE TO	AL	
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	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 Period									
LINDA THOMPSON FOR THE 103RD	From:	<u>11/29/2022</u> To:	<u>12/31/2022</u>							
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)									
TOTAL for the Reporting Pe	riod (2)	\$	0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00							

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
				From:			То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							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				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address			-				\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor				Occupa	ation						
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	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 Candidate				Reporting Period						
LINDA THOMPSON FOR THE 1	From	<u>11/2</u>	<u>9/2022</u>	То:	To: <u>12/31/2022</u>					
		DATE		AMOUNT						
To Whom Paid			мо	DAY	YEAR					
M & T BANK										
Mailing Address 4200 DERR	Y STREET		12	9	2022	\$	2.00			
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	17111	BANK F	BANK FEE						
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2.00			