Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20220227 Number :						oort		CANDI	DATE		СОМ	ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	ī	LIND	DA T	НОМІ	PSON FO	R THE	103F	RD						
Street Address:	2320 N. FIFTI	H STREE	ΞT														
City:	HARRISBURG							State:	PA			Zip Code: 17110					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY P PRIMARY	ND FRIDAY PRE- 2. 30 PRIMARY				ARY I	POST-	3.			AMENDMENT REPORT?		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.						D DAY POST- 6. LECTION				TERMINA REPORT		Yes	No		
report type)	ANNUAL REPORT	7.	Year 2023					IG METHO						\	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
	· ,							МО	DAY	YE	AR	Number	Toode			-	
								11		7	2023	-	(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		1 1	20)23	Т	<u> </u>	3		27	2023						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			5,4	84.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	dule	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			5,4	84.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				4.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			5,4	80.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sche	dul	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			А	FF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	ididate re	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sched	ules	filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me this day of	3	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					- -					Prin	ted Nam	e			
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Telepi	hone Nui	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belief t	:his	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	lune 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	late			
	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	ires											Ema	II				
	мо	D	AY	YR			-		Area	Code		D	aytime 1	Telephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
LINDA THOMPSON FOR THE 103RD	From:	1/1/202	<u>3</u> To:	3/27/2023
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	Reporting Period					
			From:		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.

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 Committe	ee or Candidate		Reporting	Period			
			From: To			o:	
		•		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
				I	I	1	
City	State	Zip Code (Plus 4)					

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:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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 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 Period	I	
LINDA THOMPSON FOR THE 103RD	From:	<u>1/1/2023</u> To:	<u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Car	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State Zip Code (Plus 4)							
Description of Contribution:	•		•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile			mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period				
		Fro	rom: 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

PAGE TOTAL

4.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Name of Filing Committee or Candidate					Reporting Period					
LINDA THOMPSON FOR THE 103RD				1/	3/27/2023						
			DATE AMOU								
To Whom Paid			МО	DAY	YEAR						
M & T BANK	1-10										
Mailing Address 4200 DERRY STREET				9	2023	\$	2.00				
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•					
	PA	17111	BANK F	EES							
To Whom Paid			МО	DAY	YEAR						
M & T BANK			140		ILAK						
Mailing Address 4200 DERRY STREET				9	2023	\$	2.00				
City HARRISBURG State Zip Code (Plus 4)				tion of Exp	enditure						
	PA	17111									

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