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	C0538				port ed B		CAN	DII	DATE	√	CC	MMITTEE		LOBE	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		MAI	RIA	COLLE	TT										
Street Address:																			
City:									State:	1				Zip Code	: 19	002-2	207		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDMENT Yes No REPORT?					\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?					No)	√		
report type)	ANNUAL	REPORT	7. X	Year 2022						ETHOD PAPER DISK					DISKE	TTE			
Name of Office S	ought by	Candidat	:e:						DATE	0	F ELE	CTIC)N	District Number	Office Code	Par	ty Code	Cour	
									МО	D DAY YEAR 12 STS DEM						Touc			
SENATOR IN TH	HE GENE	RAL ASSE	MBLY							11 8 2022 (SEE INSTRUCTIONS FOR C						CODES)		
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			11 29	2	022	Т	0		12		31	2022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		,				
					AFF	·ID/	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	didate	e re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		report, incli	uding the	attached scl	hedule	s file	ed on	paper	or by el	ectr	onic me	edium	, are to t	the best of	my know	ledge :	and beli	ef , tr	ue
Sworn to and subs	cribed bef	ore me this		20						•		S	Signature	of Person	Submitti	ng Rep	ort		-
	_	Signatur	e					- -		•				Printe	ed Name				_
My Commission Ex	cpires							_		-				Email					_
		МО	D	AY	YR						Are	ea Cod	de	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted ar	y provis	ions of the	act of Ju	ne 3,19	937 (P.L	133	3,
Sworn to and subsc		re me this											s	ignature of	Candida	te			-
-	day of —							_						Printed	Name				-
	;	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		-			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			
MARIA COLLETT	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)	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	
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 Candidate			Reporting Period					
		F	rom:		То	:		
		•		DATE			AMOUNT	
Full Name of Contributing Commi	ittee		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committ	ee or Candidate	R	Reporting	Period			
			From: To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
I .	State	Zip Code (Plus 4)					
City							

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 Candidate	ame 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	ame of Filing Committee or Candidate			Rep	orting Pe	riod			
							o:		
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary 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							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•			
Futor Curred Total of Bout	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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	riod	
MARIA COLLETT	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 Can	Name of Filing Committee or Candidate					Reporting Period					
	F					From: To:					
				DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR						
Mailing Address						7 \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL					
Section 2.						\$	0.0	0			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				porting	Period				
				Fro	From:			То:		
						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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From			То:		
		AMOUNT							
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Futor Curred Total of Funanditures on Page 1. Page & Caver Page 1 than P			`				PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<i>.</i>			\$	0.00		