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		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		MAI	RIA	COLLE	TT									_	
Street Address:																			
City:									State:	:				Zip Code	e: 19	002-2	207		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No)	\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRI	Ē-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	\
report type)	ANNUAL	. REPORT	7. X	Year 2022					IG MET			<u> </u>		PAPER DIS				TTE	
Name of Office S	L Sought by	, Candidat	e:						DATE	0	F ELE	CTIC)N	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	YI	EAR	12	STS	DEN	1	TCOUC	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY							11		8	2022	22 (SEE INSTRUCTIONS FOR)
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:		:	11 29	2	022	Т	0		12	(3)	31	2022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	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 Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	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	Ν									
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	gn 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 before day of	ore me this		20								5	Signature	e of Person	Submitt	ing Rep	ort		-
	<u> </u>	Signatur	·e					- -						Printe	ed Name				-
My Commission Ex	cpires									-				Email					-
		мо	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one 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		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted ar	ny provis	ions of the	act of Ju	ine 3,1	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 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)			\$	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

Name of Filing Commi	ttee or Candidate		Reporting Period						
			From:		То	То:			
		I		DATE			AMOUNT		
Full Name of Contributin	g Committee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule 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.)

Name of Filing Committee or Candidate			Repo	orting Pe	riod			
			Fron	n:		То	:	
				D/	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mmary Page,	Section	on 3.		5		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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
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	ER 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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	4) Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00	