# **Campaign Finance Report**

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

Filer Identificat Number :	ion	20220	20669		-	Repor Filed		CAND	IDATE	✓	CC	OMMITTE	E	LOB	BYIST		
Name of Filing (	Committee,	Candida	ate or L	obbyist:			-	L CKENZII	=								
Street Address:																	
City:								State:				<b>Zip Code:</b> 18015					
TYPE OF REPORT	6TH TUESD		1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 DA PRIMA		POST-	DST- 3.		AMENDMENT REPORT?		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 DA		POST-	POST- 6.			TERMINATION REPORT?		No	$\checkmark$	
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2022				NG METH CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	 Sought by C	andidat	e:					DATE O	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT		CENED		EMPLV				мо	DAY	YE.	AR	131	STH	REF	,		
REPRESENTAL			11	-	8	2022	]	(SEE INS	TRUCTI	ONS FOR	CODES)						
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			3 29	2	022	Ю	5	5	2	2022						
A. Amount Bro	ought Forwa	rd From	n Last R	eport			\$				0.00						
B. Total Monet	ary Contrib	utions A	And Rec	eipts (Fron	n Sche	edule I)	\$		0.00								
C. Total Funds	Available (	Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (Fro	om Sche	edule II	I)			\$				0.00						
E. Ending Cash	n Balance (S	ubtract	Line D	From Line	C)		\$				0.00	-					
F. Value Of In-	-Kind Contri	butions	Receiv	ed (From S	chedu	le II)	\$				0.00	-					
G. Unpaid Deb	ts And Oblig	jations	(From S	Schedule I\	/)		\$				0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this i		-	-	-								-					
I swear (or affirm correct and compl		ort, incli	uding the	e attached sc	nedule	s filed or	i paper	or by elec	tronic m	eaium,	are to	the best of	ту кпоч	viedge	and bell	ef, true	
Sworn to and sub	scribed before day of	e me this		20			_			Si	gnatur	e of Person	Submitt	ing Rep	oort		
		Signatur	e				_					Print	ed Name				
My Commission E	xpires											Emai					
	мо	0	D	AY	YR				Ar	ea Code	•	Daytime	e Teleph	one Nu	mber		
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.																	
I swear (or affirm) No 320) as amend		pest of m	y knowle	edge and bel	ief this	s political	comm	ittee has ı	not viola	ted any	r provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before day of	me this		20							S	ignature o	f Candida	ite			
							_					Printee	d Name				
My Commission Ex	-	nature					_					Emai	1				
,							_										
		мо	D	AY	YR	ł			Area	Code		Da	ytime Te	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period						
V. MILOU MACKENZIE	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</u>		
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	\$	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					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					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, Detail	ed Summary Pag	je, Se	ection 2	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						
				То:					
				DA	TE		ŀ	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 Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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					
Fr					From:				
				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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 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			Report	ing Peric	d					
			From: To:							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, 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		
V. MILOU MACKENZIE	From:	<u>3/29/2022</u> <b>To:</b>	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 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			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
			DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address			-				<b>\$</b> 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor				Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	To Whom Paid								
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	oenditure				
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item [					PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		

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