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 20	01903	63			Repo			CAI	NDII	DATE		COMM	1ITTEE	✓ [LOBI	BYIST		
Name of Filing C	ommittee, Can	didate	or Lo	bbyist:		MITC	HEI	L, Al	NN M	ARIE	FRIE	NDS	OF						
Street Address:	PO BOX 26	51																	
City:	RICHBORC)							State	e:	PA			Zip Cod	le: 18	954-0	241		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	Х	2ND FRIDAY ELECTION	/ PRE	- 5.		30 DA ELECT		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REPO	PRT 7.		Year 2023					IG ME CHEC		_			PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Cand	idate:				•			DAT	E O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cour	
									мо		DAY	YI	AR		•	DEN	1	09	
										11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		ı <u></u>	10	DAY	YEAR				МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:			5 2	20)23	T	o 		10	2	23	2023						
A. Amount Bro	ught Forward F	rom L	ast Re	eport				\$				3,6	524.23						
B. Total Moneta	ary Contributio	ns And	d Rece	eipts (From	Sched	dule 1	[)	\$					0.00						
C. Total Funds	Available (Sum	Of Lir	nes A	and B)				\$				3,6	524.23						
D. Total Expend	ditures (From S	Schedu	ıle III	:)				\$				3,1	160.00						
E. Ending Cash	Balance (Subt	ract Li	ne D I	From Line (C)			\$				4	64.23						
F. Value Of In-	Kind Contributi	ions Re	eceive	ed (From So	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ons (Fi	rom S	chedule IV)			\$					0.00		,				
					AFF:	IDAV	VIT	SE	CTIC	N									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and comple		includi	ng the	attached sch	edules	filed	on p	oaper (or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20						•		5	Signature	of Perso	n Submitt	ing Rep	ort		_
	Sign	nature						-						Print	ted Name				_
My Commission Ex	cpires							_		-				Emai	I				
	МО		DA	Y	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andida	ate's a	authorized	Comm	ittee	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my k	cnowle	dge and belie	ef this	politic	cal (comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me t day of	:his		20									Si	ignature o	f Candida	ite			_
	<u> </u>							•						Printe	d Name				-
	Signatu	ıre						•		-									_
My Commission Exp	ires													Emai	ı				
	мо		DA	·Υ	YR						Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MITCHELL, ANN MARIE FRIENDS OF	From:	<u>5/2/202</u>	<u>3</u> To:	10/23/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I			<u> </u>			DAGE TOTAL

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 Filing Committee or Candidat	e		Rep					
			From: To				o :	
					DATE			AMOUNT
Full Name of Contributor				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

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	ame of Filing Committee or Candidate		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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Full E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
MITCHELL, ANN MARIE FRIENDS OF	From:	<u>5/2/2023</u> To:	10/23/2023
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
MITCHELL, ANN MARIE FRIENDS OF	From	<u>5/2</u>	<u>2/2023</u>	То:	10/23/2023	
		DATE			AMOUNT	
To Whom Paid						

				DATE			AMOUNT	
To Whom Paid Bucks County Democratic Committee			мо	DAY	YEAR			
Mailing Address 44 E. Court St			10	5	2023	\$	65.00	
City Doylestown	State PA	Zip Code (Plus 4) 18901	Description of Expenditure Contribution					
To Whom Paid Friends of Bob Harvie			МО	DAY	YEAR			
Mailing Address 346 Stratton Ct			9	18	2023	\$	120.00	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Descrip Contrib	otion of Exp oution	penditure			
To Whom Paid Friends of Kimberly Rose			МО	DAY	YEAR			
Mailing Address 116 Highland Dr			6	6	2023	\$	100.00	
City Richboro	State PA	Zip Code (Plus 4) 18954	Descrip Contrib	otion of Expoution	penditure			
To Whom Paid Friends of Linda Bobrin			МО	DAY	YEAR			
Mailing Address 346 Stratton Ct			9	18	2023	\$	150.00	
City Langhorne	State PA	Zip Code (Plus 4) 19047	Descrip Contrib	otion of Exp oution	penditure			
To Whom Paid Paragon Solutions			МО	DAY	YEAR			
Mailing Address 2141 E Broadway F	Rd Ste 202		5	2	2023	\$	25.00	
City Tempe	State AZ	Zip Code (Plus 4) 85282	1	otion of Exp Card Fees	penditure			

								PAGE	12
To Whom Paid Paragon Solutions					DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202				6	2	2023	\$		25.00
City Tempe		State AZ	Zip Code (Plus 4) 85282	Description of Expenditure Credit Card Fees					
To Whom Paid Paragon Solutions					DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202				7	3	2023	\$		25.00
City Tempe		State AZ	Zip Code (Plus 4) 85282	1	escription of Expenditure redit Card Fees				
To Whom Paid Paragon Solutions				МО	DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202			8	2	2023	\$		25.00	
City Tempe		State AZ	Zip Code (Plus 4) 85282	Description of Expenditure Credit Card Fees					
To Whom Paid TD Bank NA			<u> </u>	МО	DAY	YEAR			
	1060 2nd Street Pik	e		MO 5	DAY 31	YEAR 2023	\$		10.00
TD Bank NA	1060 2nd Street Pik	e State PA	Zip Code (Plus 4) 18954	5	31	2023	\$		10.00
TD Bank NA Mailing Address	1060 2nd Street Pik	State		5 Descrip	31	2023	\$		10.00
TD Bank NA Mailing Address City Richboro To Whom Paid	1060 2nd Street Pik	State PA		5 Descrip Bank Fo	31 etion of Exp	2023 penditure	\$		10.00
TD Bank NA Mailing Address City Richboro To Whom Paid TD Bank NA		State PA		5 Descrip Bank Fo	31 Ition of Expenses DAY 30 Ition of Exp	2023 penditure YEAR 2023			
TD Bank NA Mailing Address City Richboro To Whom Paid TD Bank NA Mailing Address		PA e State	18954 Zip Code (Plus 4)	Descrip Bank Fo	31 Ition of Expenses DAY 30 Ition of Exp	2023 penditure YEAR 2023			
Mailing Address City Richboro To Whom Paid TD Bank NA Mailing Address City Richboro To Whom Paid		PA e State PA PA	18954 Zip Code (Plus 4)	5 Descrip Bank Fo	31 btion of Expects DAY 30 btion of Expects	2023 Penditure YEAR 2023 Penditure			

To Whom Paid TD Bank NA			мо	DAY	YEAR		
Mailing Address 1060 2nd Street Pike				31	2023	\$	10.00
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure Bank Fees				
To Whom Paid TD Bank NA			МО	DAY	YEAR		
Mailing Address 1060 2nd Street Pike				29	2023	\$	10.00
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure Bank Fees				
To Whom Paid Together for Council Rock			МО	DAY	YEAR		
Mailing Address 502 Wheatfield Ln				7	2023	\$	2,500.00
City Newtown	State PA	Zip Code (Plus 4) 18940	Description of Expenditure Contribution				
To Whom Paid Upper Makefield United				DAY	YEAR		
Mailing Address 22 Timber Knoll Dr				18	2023	\$	75.00
City Washington Crossing	State PA	Zip Code (Plus 4) 18977	Description of Expenditure Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL 3,160.00