# **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 2019	0363			Report Filed E		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candida	ate or Lo	obbyist:			-	NN MARI	E FRIE	NDS	OF						
Street Address:	PO BOX 261															
City:	RICHBORO						State:	PA			Zip Co	<b>de:</b> 18	954-0	241		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIM		POST- 3.			AMENDN REPORT		Yes	✓ N	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5.X 30 DAY POS ELECTION			POST-	POST- 6.			ATION ?	Yes	N	0	$\checkmark$		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				NG METHO CHECK O				PAPER		$\checkmark$	DISK	ЕТТЕ	
Name of Office	Sought by Candidat	te:	•		ų		DATE O	)F ELE	CTIC	DN	District Number		Par	ty Code	Cour	
							мо	DAY	Y	EAR			DEI	1	09	
							11		7	2023	]	(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	OR OFFIC	e use	ONLY		
Expenditures	s from:		9 19	20	023 <b>T</b>	0	10		23	2023						
A. Amount Bro	ought Forward From	n Last R	eport			\$	;		3,	624.23						
B. Total Monet	tary Contributions A	And Rec	eipts (From	n Sche	dule I)	\$	5			0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		3,	624.23						
D. Total Expen	ditures (From Sche	edule II	I)			\$	5		3,:	160.00						
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		4	5		2	164.23						
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)	4	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		4	5			0.00						
				AFF	IDAVI	t se	CTION									
	s a Committee repo	•	-					• •			-		dadaa			
correct and compl	i) that this report, inclu lete.	uaing the	attached sci	nequies	s med on	paper	or by elect	ronic m	earum	, are to	the best o	ог ту кноч	neage	anu bei	ier, tr	ue
Sworn to and sub	scribed before me this day of	5	20						9	Signatur	e of Perso	on Submitt	ing Rej	oort		_
	Signatur	re				_					Prin	ted Name				-
My Commission E	xpires					_					Ema	nil				
	мо	D/	AY	YR				Are	ea Co	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	andio	late shall	sign he	ere.							
I swear (or affirm) No 320) as amend	) that to the best of m ed.	ıy knowle	edge and beli	ef this	political	comn	nittee has n	iot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subse	cribed before me this day of		20							S	ignature	of Candida	te			_
						-					Printe	ed Name				-
My Commission Ex	Signature pires					-					Ema	il				-
	мо	D/	AY	YR		-		Area	Code		D	aytime Te	lephor	e Num	ber	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	e			
Name of Filing Committee or Candidate	Reporting	g Period		
MITCHELL, ANN MARIE FRIENDS OF	From:	<u>9/19/202</u>	. <u>3</u> To:	<u>10/23/2023</u>
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)			1	
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

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 R					Reporting Period					
			From:	1		То	:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
							Γ	PAGE TOTAL		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod	_				
	From: To:									
					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, Detailed Summary Page, Section 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				ng Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

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## 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 Perio	od				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	•						-		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	Section				\$		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		
MITCHELL, ANN MARIE FRIENDS OF	From:	<u>9/19/2023</u> <b>то:</b>	<u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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	g Period					
	From:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate						oorting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption of	Contribution

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	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>9/19</u>	9/2023	То:	<u>10/23/2023</u>		
				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	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901	<b>Descrip</b> Contrib	ntion of Exportion	penditure	3		
To Whom Paid Friends of Bob Harvie			мо	DAY	YEAR			
Mailing Address 346 Stratton Ct			9	18	2023	\$	120.00	
City Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	Description of Expenditure Contribution					
<b>To Whom Paid</b> Friends of Kimberly Rose			мо	DAY	YEAR			
Mailing Address 116 Highland Dr			6	6	2023	\$	100.00	
City Richboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18954	Description of Expenditure Contribution					
To Whom Paid Friends of Linda Bobrin			мо	DAY	YEAR			
Mailing Address 346 Stratton Ct			9	18	2023	\$	150.00	
City Langhorne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047	Description of Expenditure Contribution					
To Whom Paid Paragon Solutions			мо	DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202			5	2	2023	\$	25.00	
City Tempe	e State Zip Code (Plus 4) AZ 85282			Description of Expenditure Credit Card Fees				

<b>To Whom Paid</b> Paragon Solutions			мо	DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202			6	2	2023	\$	25.00	
City Tempe	StateZip Code (Plus 4)AZ85282				ition of Exp Card Fees	penditure		
To Whom Paid Paragon Solutions			мо	DAY	YEAR			
Mailing Address 2141 E Broadway Rd Ste 202			7	3	2023	\$	25.00	
CityTempeStateZip Code (Plus 4)AZ85282			Description of Expenditure Credit 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	<b>Zip Code (Plus 4)</b> 85282	Description of Expenditure Credit Card Fees				
To Whom Paid TD Bank NA				мо	DAY	YEAR		
	1060 2nd Street Pik	e		мо 5	<b>DAY</b> 31	<b>YEAR</b> 2023	\$	10.00
TD Bank NA		e State PA	<b>Zip Code (Plus 4)</b> 18954	5	31 otion of Exp	2023		10.00
TD Bank NA Mailing Address		State		5 Descrip	31 otion of Exp	2023		10.00
TD Bank NA Mailing Address City Richboro To Whom Paid		State PA		5 Descrip Bank Fe	31 ntion of Exp ees	2023 penditure		10.00
TD Bank NA Mailing Address City Richboro To Whom Paid TD Bank NA	1060 2nd Street Pik	State PA		5 Descrip Bank Fe MO	31 Inition of Exp ees DAY 30	2023 penditure YEAR 2023	\$	
TD Bank NA Mailing Address City Richboro To Whom Paid TD Bank NA Mailing Address	1060 2nd Street Pik	State PA e State	18954 Zip Code (Plus 4)	5 Descrip Bank Fe MO 6 Descrip	31 Inition of Exp ees DAY 30	2023 penditure YEAR 2023	\$	
TD Bank NA Mailing Address City Richboro To Whom Paid TD Bank NA Mailing Address City Richboro To Whom Paid	1060 2nd Street Pik	State PA e State PA	18954 Zip Code (Plus 4)	5 Descrip Bank Fe MO 6 Descrip Bank Fe	31 etion of Exp ees DAY 30 etion of Exp ees	2023 penditure YEAR 2023 penditure	\$	

							TAGE 15
<b>To Whom Paid</b> TD Bank NA			мо	DAY	YEAR		
Mailing Address 1060 2nd Street Pike			8	31	2023	\$	10.00
City Richboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18954	Description of Expenditure Bank Fees				
<b>To Whom Paid</b> TD Bank NA			мо	DAY	YEAR		
Mailing Address 1060 2nd Street Pike			9	29	2023	\$	10.00
City Richboro	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18954	Description of Expenditure Bank Fees				
<b>To Whom Paid</b> Together for Council Rock			мо	DAY	YEAR		
Mailing Address 502 Wheatfie	eld Ln		7	7	2023	\$	2,500.00
City Newtown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18940	Description of Expenditure Contribution				
<b>To Whom Paid</b> Upper Makefield United			мо	DAY	YEAR		
Mailing Address     22 Timber Knoll Dr			9	18	2023	\$	75.00
City Washington Crossing	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18977	Description of Expenditure Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	<b>PAGE TOTAL</b> 3,160.00	