

Campaign Finance Report

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

| | | | | | | | | | | | | | |
|-----------------------------------------------------------------------|--------------------------|----------|-------------------------|-----------------------------|----------------------|------------------|---------------------|-----------|------------------------------|----------------------|------------|-------------|--|
| Filer Identification Number : | | 20200203 | | Report Filed By : | | CANDIDATE | | COMMITTEE | | ✓ | | LOBBYIST | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ANN FLOOD | | | | | | | | | | | | | |
| Street Address: 2157 WEST DELL ROAD | | | | | | | | | | | | | |
| City: BATH | | | | | | State: PA | | | | Zip Code: 18014-9649 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No | ✓ | | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | ✓ | | | |
| | ANNUAL REPORT | 7. X | Year 2023 | FILING METHOD () CHECK ONE | | | PAPER | ✓ | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code | |
| | | | | | | MO | DAY | YEAR | REP | | | | |
| | | | | | | 11 | 7 | 2023 | (SEE INSTRUCTIONS FOR CODES) | | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | | |
| | | 11 | 28 | 2023 | | 12 | 31 | 2023 | | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 21,539.59 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 14,790.00 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 36,329.59 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 3,304.64 | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 33,024.95 | | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 0.00 | | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 0.00 | | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|----------------------------------------------|-----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF ANN FLOOD | From: <u>11/28/2023</u> To: <u>12/31/2023</u> |

| | |
|--------------------------------------------------------------------------------|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 90.00 |

| | |
|----------------------------------------------------------------------------------|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 250.00 |
| All Other Contributions (Part B) | \$ 1,000.00 |
| TOTAL for the Reporting Period (2) | \$ 1,250.00 |

| | |
|-------------------------------------------------------------------------|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 7,000.00 |
| All Other Contributions (Part D) | \$ 6,450.00 |
| TOTAL for the Reporting Period (3) | \$ 13,450.00 |

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|------------------------------------------------------------------------------------------|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 14,790.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

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 FRIENDS OF ANN FLOOD | Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | |
|-----------------------------------------------------------------------|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee FRIENDS OF TOM GIOVANNI | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 539 WERKHEISER AVENUE | | | 11 | 2 | 2023 | |
| City NAZARETH | State PA | Zip Code (Plus 4) 18064 | | | | |

| | | | | | | |
|-----------------------------------------------------------------------------------|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee WM EMPLOYEES BETTER GOVERNMENT FUND | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 701 PENNSYLVANIA NW SUITE 590 | | | 10 | 6 | 2023 | |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20004 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 250.00 |

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 Candidate | Reporting Period |
| FRIENDS OF ANN FLOOD | From: <u>11/28/2023</u> To: <u>12/31/2023</u> |

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | |
|------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 250.00 |
| ROBERT S TAYLOR ESQ | | | | |
| Mailing Address PO BOX 6349 | | | | |
| City HARRISBURG | 5 | 2 | 2023 | |
| State PA | | | | |
| Zip Code (Plus 4) 171120349 | | | | |

| | | | | |
|--------------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 250.00 |
| ANITA PRICE | | | | |
| Mailing Address 70 TIMBERLANE DRIVE | | | | |
| City BANGOR | 10 | 15 | 2023 | |
| State PA | | | | |
| Zip Code (Plus 4) 18013 | | | | |

| | | | | |
|-------------------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 100.00 |
| JOHN DETZI | | | | |
| Mailing Address 1006 CONSTITUTION AVENUE | | | | |
| City PEN ARGYL | 10 | 15 | 2023 | |
| State PA | | | | |
| Zip Code (Plus 4) 18072 | | | | |

| | | | | |
|------------------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 200.00 |
| JM ULIANA & ASSOCIATES, LLC | | | | |
| Mailing Address 2671 BAGLYOS CIRCLE B20 | | | | |
| City BETHLEHEM | 10 | 6 | 2023 | |
| State PA | | | | |
| Zip Code (Plus 4) 18020 | | | | |

| | | | | |
|-----------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | \$ 100.00 |
| KENT & LESLIE MCKELVEY | | | | |
| Mailing Address 1320 RICHMOND RD | | | | |
| City EASTON | 10 | 15 | 2023 | |
| State PA | | | | |
| Zip Code (Plus 4) 18040 | | | | |

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|--------------------------------------------------------------|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor TIMOTHY & CATHLEEN HUGHES | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 367 DEMARIA DR | | | | | | |
| City EASTON | State PA | Zip Code (Plus 4) 18040 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,000.00 |

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 FRIENDS OF ANN FLOOD | Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u> |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | | | | DATE | | AMOUNT | |
|------------------------------------------------------------------------|----------|-------------------------|--|------|-----|--------|-----------|
| Full Name of Contributing Committee WOJDAK FOR THE COMMONWEALTH PAC | | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 30 N 3RD ST SUITE 950 | | | | 5 | 2 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee PUGLIESE PAC | | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 2205 STRAWBERRY SQ | | | | 5 | 2 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee HIGHMARK PAC | | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 1800 CENTER ST | | | | 5 | 2 | 2023 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 17089 | | | | | |
| Full Name of Contributing Committee CHAMBERPAC | | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 417 WALNUT ST | | | | 5 | 2 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee PGG-STATE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2 NORTH NINTH ST | | | | 5 | 8 | 2023 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18101 | | | | | |

| | | | | | | |
|-----------------------------------------------------------------------------|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee UGI ENERGY SVC LLC PAC | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 1 UGI DR | | | 6 | 17 | 2023 | |
| City DENVER | State PA | Zip Code (Plus 4) 17517 | | | | |
| Full Name of Contributing Committee CAPITAL BLUE PAC | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address PO BOX 60710 | | | 6 | 17 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17106 | | | | |
| Full Name of Contributing Committee WINE & SPIRITS ASSOCIATION OF PA PAC | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 3000 N 2ND ST STE 1002 | | | 6 | 17 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee PENNSYLVANIA BEER ALLIANCE PBA PAC | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 407 N FRONT ST | | | 6 | 17 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee MALADY & WOOTEN PAC | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 604 N 3RD ST | | | 6 | 17 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee FIRST ENERGY PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 76 S MAIN ST | | | 6 | 2 | 2023 | |
| City AKRON | State OH | Zip Code (Plus 4) 44308 | | | | |

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|-------------------------------------|-----------------------|-------|----|-------------------|-------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 350.00 |
| HAPAC-STATE | | | 6 | 2 | 2023 | |
| Mailing Address | 30 N 3RD ST SUITE 600 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 | |

| | | | | | | |
|-------------------------------------|--------------|-------|----|-------------------|-------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| FRIENDS OF MARTINA WHITE | | | 10 | 6 | 2023 | |
| Mailing Address | PO BOX 16041 | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code (Plus 4) | 19154 | |

| | | | | | | |
|-------------------------------------|-----------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
| CITIZENS FOR KAIL | | | 10 | 6 | 2023 | |
| Mailing Address | PO BOX 94 | | | | | |
| City | BEAVER | State | PA | Zip Code (Plus 4) | 15009 | |

| | | | | | | |
|-------------------------------------|---------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
| COMMITTEE TO ELECT JULIE HARHART | | | 10 | 29 | 2023 | |
| Mailing Address | 640 WILLOW DR | | | | | |
| City | CATASAUQUA | State | PA | Zip Code (Plus 4) | 18032 | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 7,000.00 |

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 FRIENDS OF ANN FLOOD | Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u> |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | | | | DATE | | | AMOUNT |
|------------------------------------------------------|----------|-------------------------|------|------------|-------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| NOLAN A PERIN | | | | | | | |
| Mailing Address 250 GREEN MEADOW LANE | | | | 5 | 2 | 2023 | \$ 1,000.00 |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|------------------------------------------------------|----------|-------------------------|------|------------|-------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| WIND CREEK BETHLEHEM | | | | | | | |
| Mailing Address 77 WIND CREEK BLVD | | | | 5 | 2 | 2023 | \$ 1,000.00 |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18015 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|------------------------------------------------------|----------|-------------------------|------|------------|-------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| WIND CREEK BETHLEHEM | | | | | | | |
| Mailing Address 77 WIND CREEK BLVD | | | | 10 | 6 | 2023 | \$ 1,000.00 |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18015 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|----------------------------------------------------------------|-----------------|--------------------------------|-------------|-------------------|--------------------------|-------------|-----------|
| Full Name of Contributor JM ULIANA & ASSOCIATES, LLC | | | | MO | DAY | YEAR | \$ 350.00 |
| Mailing Address 2571 BAGLYOS CIRCLE B20 | | | | 5 | 2 | 2023 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18020 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|-------------------------------------------------------------|-----------------|--------------------------------|-------------|-------------------|--------------------------|-------------|-----------|
| Full Name of Contributor FAUST E CAPOBIANCO IV | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3631 WESTWOOD DR | | | | 10 | 6 | 2023 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|-------------------------------------------------------------|-----------------|--------------------------------|-------------|-------------------|--------------------------|-------------|-----------|
| Full Name of Contributor LEWIS & CHRISTY RONCA | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 680 CLEARFIELD RD | | | | 10 | 6 | 2023 | |
| City NAZARETH | State PA | Zip Code (Plus 4) 18064 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|-------------------------------------------------------------|-----------------|--------------------------------|-------------|-------------------|--------------------------|-------------|-----------|
| Full Name of Contributor DEVENDRA K AMIN | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 3037 TIFFANY DRIVE | | | | 10 | 6 | 2023 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | |
|-------------------------------------------------------------|--------------------|-----------------------------------|-------------------|--------------------------|-------------|-------------|
| Full Name of Contributor LOUIS P PEKTOR III | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 245 COFFEETOWN RD | | | 10 | 15 | 2023 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) | | |

| | | | | | | |
|-------------------------------------------------------------|--------------------|-----------------------------------|-------------------|--------------------------|-------------|-------------|
| Full Name of Contributor GUY SAXTON | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3051 GREEN POND ROAD | | | 10 | 31 | 2023 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | |
| Employer Name | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 6,450.00 |

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 | Reporting Period |
| | From: To: |

| | | | DATE | | AMOUNT | |
|---------------------|-------|-------------------|------|-----|--------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|------------|
| PAGE TOTAL |
| \$ 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 | |
| FRIENDS OF ANN FLOOD | | From: <u>11/28/2023</u> To: <u>12/31/2023</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 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: | To: |

| | | | | DATE | | AMOUNT | |
|-----------------------------------------------------------------------------------------------------|-------|-------------------|--|------|-----|--------|------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | | PAGE TOTAL |
| | | | | | | | \$ 0.00 |

5/4/2024 3:53:49 AM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|----------------------------------------------|----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF ANN FLOOD | From <u>11/28/2023</u> To: <u>12/31/2023</u> |

| DATE | | | | AMOUNT | | |
|-------------------------------------|----------|-------------------------|-----------------------------------------------------------------|--------|------|-----------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 49.35 |
| Mailing Address 2157 WEST DELL ROAD | | | 1 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-JANUARY | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 2 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-FEBRUARY | | | |
| To Whom Paid HRCC | | | MO | DAY | YEAR | \$ 260.00 |
| Mailing Address PO BOX 11787 | | | 2 | 10 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure FUNDRAISING | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 3 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-MARCH | | | |
| To Whom Paid HRCC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address PO BOX 11787 | | | 3 | 9 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure FUNDRAISING | | | |

| | | | | | | |
|-------------------------------------|-------------|----------------------------|--------------------------------------------------------------|-----|------|----------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 4 | 3 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-APRIL | | | |

| | | | | | | |
|----------------------------------------|-------------|----------------------------|-------------------------------------------------|-----|------|-----------|
| To Whom Paid ERIKA STOFFLET | | | MO | DAY | YEAR | \$ 499.00 |
| Mailing Address 2435 ACKERMANVILLE RD. | | | 4 | 3 | 2023 | |
| City BANGOR | State PA | Zip Code (Plus 4) 18013 | Description of Expenditure TREASURER STIPEND | | | |

| | | | | | | |
|-------------------------------------|-------------|----------------------------|------------------------------------------------------------|-----|------|----------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 5 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-MAY | | | |

| | | | | | | |
|--------------------------------------|-------------|----------------------------|-------------------------------------------------|-----|------|-----------|
| To Whom Paid OLD TOWN DELI | | | MO | DAY | YEAR | \$ 212.00 |
| Mailing Address 512 NORTH 3RD STREET | | | 5 | 9 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure FUNDRAISING EVENT | | | |

| | | | | | | |
|-------------------------------------|-------------|----------------------------|-------------------------------------------------------------|-----|------|----------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 6 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-JUNE | | | |

| | | | | | | |
|-------------------------------------|-------------|----------------------------|-------------------------------------------------------------|-----|------|----------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 7 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-JULY | | | |

| | | | | | | |
|---------------------------------------------|----------|-------------------------|----------------------------------------------------------------------|-----|------|-----------|
| To Whom Paid HRCC | | | MO | DAY | YEAR | \$ 127.20 |
| Mailing Address 500 NORTH 3RD ST. 4TH FLOOR | | | 7 | 28 | 2023 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure FUNDRAISING ITEMS | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 8 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-AUGUST | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 56.44 |
| Mailing Address 2157 WEST DELL ROAD | | | 9 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-SEPTEMBER | | | |
| To Whom Paid WANDERLUST BEER GARDEN | | | MO | DAY | YEAR | \$ 25.00 |
| Mailing Address 1600 SULLIVAN TRAIL #7 | | | 9 | 30 | 2023 | |
| City EASTON | State PA | Zip Code (Plus 4) 18040 | Description of Expenditure FUNDRAISING EVENT | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 38.99 |
| Mailing Address 2157 WEST DELL ROAD | | | 9 | 30 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure REIMBURSEMENT FOR ENVELOPES | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | \$ 57.38 |
| Mailing Address 2157 WEST DELL ROAD | | | 9 | 30 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure REIMBURSEMENT FOR PRINTING INVITATIONS | | | |

| | | | | | | |
|--------------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------------------------------------------------------------|------------|-------------|----------------------------------|
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | |
| Mailing Address 2157 WEST DELL ROAD | | | 10 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-OCTOBER | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | |
| Mailing Address 2157 WEST DELL ROAD | | | 11 | 2 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-NOVEMBER | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | |
| Mailing Address 2157 WEST DELL ROAD | | | 11 | 8 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure REIMBURSEMENT FOR HALLOWEEN PARADE | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | |
| Mailing Address 2157 WEST DELL ROAD | | | 12 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure REIMBURSEMENT FOR STAMPS | | | |
| To Whom Paid ANN FLOOD | | | MO | DAY | YEAR | |
| Mailing Address 2157 WEST DELL ROAD | | | 12 | 1 | 2023 | |
| City BATH | State PA | Zip Code (Plus 4) 18014 | Description of Expenditure CELL PHONE REIMBURSEMENT-DECEMBER | | | |
| To Whom Paid MACKENZIE FOR CONGRESS | | | MO | DAY | YEAR | |
| Mailing Address PO BOX 747 | | | 12 | 28 | 2023 | |
| City EMMAUS | State PA | Zip Code (Plus 4) 18049 | Description of Expenditure DONATION | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 3,304.64 |

