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 2020	0203			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
	Committee, Candid	ate or L	obbyist:			-	ANN FLO	OD								
Street Address:																
City:	BATH						State:	PA			Zip Co	de: 18	014-9	649		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST- 3. X			AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D. ELEC	AY F TION	POST-	OST- 6.			ATION ?	Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
							мо	DAY	YE	AR			REP	1	1	
						11		5	2024	 	(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		4 9	2	024 1	О	5	1	.3	2024						
A. Amount Bro	ought Forward Fror	n Last R	eport			\$			44,1	.02.14						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;		3,6	580.00						
C. Total Funds Available (Sum Of Lines A and B)							;		47,7	782.14						
D. Total Expenditures (From Schedule III)						\$	5			56.44						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		47,7	25.70	-					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)	\$	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$	5			0.00						
				AFF	IDAV	IT SE	CTION									
	s a Committee rep		-							-	-					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium,	, are to i	the best o	f my knov	vledge	and bel	ief , tri	μe
Sworn to and sub	scribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_					Prin	ted Name				-
My Commission E	xpires					_					Ema	il				_
	МО	D	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, O	Candid	late shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and bel	ief this	political	comn	nittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333	з,
Sworn to and subs	Sworn to and subscribed before me this Signature of Candidate day of 20									-						
						_					Printe	ed Name				-
My Commission Ex	Signature pires					_					Ema	il				-
	мо	D	AY	YR		-		Area (Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF ANN FLOOD From: <u>4/9/2024</u> **To:** <u>5/13/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 80.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 3,600.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,600.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount 3,680.00 \$ totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
				From: To:			:			
					DATE			AMOUNT		
Full Name of Contributing Committee	1			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
								PAGE TOTAL		
nter 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 Candidate Repo				oorting P	eriod					
			Fro	From: To				0:		
					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	g Period					
FRIENDS OF ANN FLOOD			From:	<u>4/9/2024</u> To:			<u>5/13/2024</u>		
				DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
FRIENDS OF JOHN PAUL GOFFREDO							\$	1,000.00	
Mailing Address	•	1		5	3	2024			
City WIND GAP	State	Zip Cod	e (Plus 4)						
	PA	18091							
Full Name of Contributing Committee			мо	DAY	YEAR				
FRIENDS OF DAVID ROWE				МО	DAT	TLAK	\$	1,000.00	
Mailing Address				5	3	2024		,	
City LEWISBURG	State	Zip Cod	e (Plus 4)			2021			
	РА	17837							
Full Name of Contributing Committee				мо	DAY	YEAR			
PA FUTURE FUND			MO			\$	1,000.00		
Mailing Address	_			5	3	2024		,	
City HARRISBURG	State	Zip Cod	e (Plus 4)						
	РА	17112							
Full Name of Contributing Committee				мо	DAY	YEAR			
MALADY & amp; WOOTEN PAC				HO			\$	300.00	
Mailing Address				5	3	2024			
City HARRISBURG	State	Zip Cod	e (Plus 4)						
	PA	17101							
Full Name of Contributing Committee				мо	DAY	YEAR			
PA REALTORS PAC				МО	DAT	TLAK	\$	300.00	
Mailing Address			5	3	2024				
City LEMOYNE	State	Zip Cod	e (Plus 4)			2021			
	РА	17043							
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio			on 3				PAGE TOTAL		
inter Grand Total of Part C on Schedule 1, Detailed Summary Page, Section							\$	3,600.00	

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				om:						
				DATE AMOUNT						
Full Name of Contributor					YEAR	\$	0.00			
State	Zip Code (Plu	s 4)								
•			Occupation							
ce of Business	City			State		Zip Code	(Plus 4)			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							GE TOTAL 0.00			
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code			

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							
				rom: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description							•			
		_	o .:					PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sum	mary 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										
FRIENDS OF ANN FLOOD	From:	<u>4/9/2024</u> то:	<u>5/13/2024</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
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 Period					
F				From:			То:	
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							PAGE TOTAL	
						\$		0.00

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							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate				Reporting Period							
FRIENDS OF ANN FLOOD				<u>4/</u>	<u>9/2024</u>	То:	<u>5/13/2024</u>					
		DATE		AMOUNT								
To Whom Paid				DAY	YEAR							
ANN FLOOD			мо									
Mailing Address			5	1	2024	\$	56.44					
City BATH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure							
	PA	18014	CEL PH	ONE - MAY								
							PAGE TOTAL					
Enter Grand Total of Expend	\$	56.44										