Campaign Finance Report

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

Filer Identification 20220223 Number :					Rep File			CANDI	DATE			4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	Ī	HACI	KEN	IBURG	G FOR PE	NNSYL	.VAN]	ΪΑ						
Street Address:	PO BOX 140																
City:	MARTINS CRE	EK						State:	PA			Zip Cod	ie: 18	063-0	140		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X					30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER		V	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
	· ,							МО	DAY	YE	AR	Number	GOV	LIB		couc	
GOVERNOR								11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	5 Trom:		1 1	20)22	T	0	3	:	31	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I											23.70						
C. Total Funds Available (Sum Of Lines A and B)											23.70						
D. Total Expenditures (From Schedule III)							\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				23.70						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			4	55.56			•			
			А	FF]	[DA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	ididate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sched	ules	filed	l on I	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , tru	ue <u>.</u>
Sworn to and subs	cribed before me this day of	i	20							s	ignature	of Perso	n Submit	ting Re	oort		
	Signatu	re					-					Prin	ted Name				
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	mm	ittee	e, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowl	edge and belief t	his	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subscribed before me this								-		S	ignature o	of Candida	ate			-	
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	il				
	МО	D	AY	ΥR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
HACKENBURG FOR PENNSYLVANIA	From:	1/1/202	<u>2</u> To:	3/31/2022					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	g Period	(1)	\$	23.70					
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	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					
			I						
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			\$	23.70					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Re	Reporting Period					
			From: To			:			
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
	•	·			•	•	$\overline{}$	DACE 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 Candidate			Rep	Reporting Period				
			Fro	From: To):	
					DATE		AMOUI	NT
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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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.)

lame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	Name of Filing Committee or Candidate			ting Perio	Reporting Period						
			From:			To:					
				D	ATE		AM	OUNT			
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL			
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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								
HACKENBURG FOR PENNSYLVANIA	From:	<u>1/1/2022</u> To:	<u>3/31/2022</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting Period							
Fr						То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	Description of Contribution:									
Enter Grand Total of Part E on Sch	ilad Sum	mary Pag			DACE TOTAL					
inter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			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 Candidate	Name of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:	To:	То:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupation				
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Descr	iption	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 C	Name of Filing Committee or Candidate				Reporting Period						
	From			То:							
	DATE AMOU										
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	Description of Expenditure										
The County Table of Francisco							PAGE TOTAL				
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00				

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Comm	ame of Filing Committee or Candidate				ng Period					
HACKENBURG FOR F	HACKENBURG FOR PENNSYLVANIA From					<u>1/1/2022</u>	То:		3/31/2022	
						DATE			Outstanding Balance of Debt	
Name of Creditor Matt Hackenburg					мо	DAY	YEAR			
Mailing Address	10210 Gravel Hill	Rd.			5	6	2022	\$	455.56	
City Bangor		State	Zip Code (Pl	us 4)	Description of Debt					
-		PA	18013			ign expend bsite hosti		or do	main registration	
	· · · · · · · · · · · · · · · · · · ·								PAGE TOTAL	
Enter Grand To	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	455.56		
1										