Campaign Finance Report

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

Filer Identificat	ion 2022	2C1274			Repo	rt	CA	NDI	DATE	\checkmark	C	OMMITTE	E	LOB	BYIST	<u> </u>	
Number :		_			Filed	-											
Name of Filing (Committee, Candid	ate or Lo	obbyist:		BRENT	LABE	NBER	G									
Street Address:																	
City:							State	e:				Zip Cod	e: 18	049			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X		DAY 1ARY	Ρ	POST- 3.		AMENDMENT REPORT?		Yes	N	D	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION					30 DAY P ELECTION			POST- 6.		TERMINATION REPORT?		N)	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG ME					PAPER		\checkmark	DISK	TTE	
Name of Office S	L Sought by Candida	te:					DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
							мо		DAY	YE	AR	134	STH	REF	•	-	
REPRESENTAT	IVE IN THE GENER	RAL ASS	EMBLY					11		8	2022	1	(SEE INS	TRUCTI	ONS FOR	CODES	;)
Summary of	Receipts and	мо	DAY	YEAR	2		мо		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		3 29	2	022	го		5		2	2022						
A. Amount Bro	ught Forward From	m Last R	eport	•		4	5				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	5	\$ 0.00										
C. Total Funds	Available (Sum Of	f Lines A	and B)			9	\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)			9	\$				0.00]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		5	\$ 0.00										
				AFF	IDAV	IT SI	ECTIC	ΟN									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this i	s a Ca	ndidat	te re	eport, o	candi	date si	gn here.					
I swear (or affirm correct and compl) that this report, inclete.	luding the	e attached sc	hedule	s filed oı	ı papeı	r or by e	electr	ronic m	edium	, are to	the best of	my know	vledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me this day of	S	20							S	ignatur	e of Persor	Submitt	ing Rep	oort		-
						_						Print	ed Name				-
My Commission E	Signatu xpires	ire						•				Emai	1				-
	мо	D	AY	YR		_			Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candio	date sł	hall s	sign h	ere.							Π
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ief this	s politica	l comr	nittee h	ias no	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20								s	ignature o	f Candida	ite			-
												Printe	d Name				-
	Signature											Emai					_
My Commission Exp	pires											Emai	• 				
	МО	D	AY	YR	2				Area	Code		Da	ytime Te	elephor	e Numl	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRENT LABENBERG	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	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	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	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PAGE 3

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						
Fro					From: To:					
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	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

\$

5/4/2024 3:49:48 PM

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 Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committe	e			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on S	chedule I, Detai	led 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				ing Perio	od				
From					rom: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	ΓAL
		iaiy raye,	Section	7.			\$		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	
BRENT LABENBERG	From:	<u>3/29/2022</u> то:	<u>5/2/2022</u>
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	TF)		
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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting Period					
	From:		То:						
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	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		

0.00

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

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	nedule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	
	L

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00