#### **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 Report Filed By: CANDIDATE COMMITTEE LOBBYIS								YIST									
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		HAC	KEN	IBUR	G FOR P	ENNSY	LVAN	IIA						
Street Address:	PO BOX 140																
City:	MARTINS CRE	EK						State:	PA			Zip Cod	de: 18	3063-0	140		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	Ē- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	`	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022			FILING METHOD ( ) CHECK ONE						PAPER DISKETTE				TTE	
Name of Office S	- Sought by Candida	te:	-					DATE	OF ELE	CTI	NC	District Number	Office Code	Par	ty Code	Count Code	У
								мо	DAY	Y	EAR	-1	GOV	LIB		-	
GOVERNOR	GOVERNOR 11								1	8	2022	<u> </u>	(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 3	2	022	Т	0		5	6	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				262.50						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				95.22						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				357.72						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				357.72	]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II	)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00						
				AFF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here. I	If thi	is is	a Car	ndidate	eport,	cand	idate sig	gn here.					
I swear (or affirm correct and comple	) that this report, incl ete.	uding the	attached sch	nedules	s filed	l on	paper	or by elec	tronic n	nediur	n, are to t	the best o	f my kno	wledge a	and belie	ef , tru	e,
Sworn to and subs	cribed before me this	<b>:</b>	20								Signature	e of Perso	n Submit	ting Rep	ort		-
							- -					Prin	ted Name	<u> </u>			-
My Commission Ex	Signatu kpires	re										Ema	iı				-
	мо	D	AY	YR			-		A	rea Co	de		ne Teleph	one Nu	nber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amendo	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viol	ated a	ny provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this										s	ignature (	of Candid	ate			-
	day of		_ 20				_										-
	C:t						-					Printe	ed Name				
My Commission Exp	Signature pires											Ema	il				-
	МО	D	AY	YR	!		•		Area	Code		D	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
HACKENBURG FOR PENNSYLVANIA	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	95.22
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			<b>\$</b>	95.22

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			Fr	om:		То	:		
		•			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
	•	•		•	•	•	$\overline{}$	PAGE 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 Filling Committee of Camulate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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 Candi	nme of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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.)

Name of Filing Committee or Candidate	ame 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		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r 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		
HACKENBURG FOR PENNSYLVANIA	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Candidat	:e		Reporting	g Period				
			From:			То:	То:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	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 Candidat	ame of Filing Committee or Candidate				Re	porting P	Period				
					From:			To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

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