### **Campaign Finance Report**

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

Filer Identificati	on	2022	C1274				port		CAND	DATE	<b>√</b>	СС	MMITTEE		LOBE	BYIST			
Number :							ed E				,								
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		BRE	ENT	LABEN	NBERG										
Street Address:																			
City:									State:				<b>Zip Code:</b> 18049						
TYPE OF REPORT	6TH TUES PRE-PRIM	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No	<b>\</b>		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	No	<b>\</b>				
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METH							DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:						DATE C	F ELE	CTION		District Office Party Code Co Number Code Co						
									МО	DAY	YEA	R	134	STH	REP		Code		
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		8 2	2022	22 (SEE INSTRUCTIONS FOR COD						
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			5 3	2	022	Т	0	$\epsilon$	5	6	2022							
A. Amount Bro	ught For	ward Fron	ı Last R	eport	•		1	\$	-	•	•	0.00	1						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dul	e I)	\$				0.00	1						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(	0.00							
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(	0.00							
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	<b>'</b> )			\$				0.00		,					
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, e	candida	te sig	jn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elect	tronic m	edium, a	re to t	the best of	my know	rledge :	and belie	ef , true		
Sworn to and subs	cribed bef day of	ore me this		20							Sig	nature	of Person	Submitti	ng Rep	ort			
	_	Signatur	·e	_				- -					Printe	ed Name					
My Commission Ex	cpires							_					Email						
		мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted any	orovis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,		
Sworn to and subsc		re me this										s	ignature of	Candida	te				
	day of —							_					Printed	Name					
		Signature						-											
My Commission Exp	oires												Email						
	-	МО	D	AY	YR	1		_		Area	Code		Day	rtime Te	lephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -									
Name of Filing Committee or Candidate	Reporting Period								
BRENT LABENBERG	From:	5/3/202	<u>2</u> To:	6/6/2022					
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					

#### **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				Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### **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.

Name of Filing Comm							
		Fr	rom:		To	<b>)</b> :	
				DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
				•	•		PAGE TOTAL

#### **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		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00	
Mailing Address							<b>+</b>	U	.00	
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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					orting Pe	riod					
Fr					n:						
	DATE							AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address								7			
City	State	Zi	p Code (Plus	s <b>4</b> )							
Employer Name	•				Occupation						
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec									PAGE TOTAL		
								\$	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 Candidate				ing Peri	od				
			From:			To:			
		•		E	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	ıs 4)						
Receipt Description	<b>'</b>				•				
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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		
BRENT LABENBERG	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	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	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 Candidate	Reporting Period							
	From: To:							
				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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					porting	Period				
ı							То:			
DATE									AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-				\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.								0.00		

## 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)	Descrip	tion of Exp	enditure		
Enter Grand Total of Evnenditures of					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00