Campaign Finance Report

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

Filer Identificati	ion 2022	C1044		_	Repo		CANDI	DATE	\checkmark	СС	OMMITTE		LOB	BYIST		
Number :					Filed											
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		SIEGE	L, JUSI	HUA M									
Street Address:																
City:							State:				Zip Cod	e: 18	109			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	Γ- 3. Χ		AMENDMENT REPORT?		Yes	No)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	≣- 5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No)	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun Code	
	REPRESENTATIVE IN THE GENERAL ASSEMBLY								YEA	R	22	STH	DEM	1	39	
REPRESENTATI			11		8 2	2022]	(SEE INS	TRUCTI	ONS FOR	CODES)				
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		5 3	2	022	ГО	6	5	6 2	2022						_
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			(4,010	.00)	1					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$		0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			(4,010	.00)						
D. Total Expen	ditures (From Sch	edule II	I)			\$			(0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			(4,010	.00)	-					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	\$			(0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$			(0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this i	s a Car	ndidate re	eport, o	candida	te sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedule	s filed or	1 paper	or by elect	ronic m	edium, a	re to t	the best of	my know	ledge	and beli	ef , tri	ue,
Sworn to and subs	scribed before me this day of	5	20						Sigi	nature	e of Persor	Submitt	ing Rep	oort		-
	Signatu	re				_					Print	ed Name				-
My Commission E	-										Emai	1				-
	мо	D/	AY	YR				Ar	ea Code		Daytim	e Telepho	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowle	edge and beli	ief this	politica	l comm	ittee has n	iot viola	ted any p	orovis	ions of the	act of Ju	ne 3,1	937 (P.I	. 133	3,
Sworn to and subso	cribed before me this									s	ignature o	f Candida	te			-
	day of 										Printer	d Name				-
	Signature					_										
My Commission Exp	-										Emai					
	мо	D/	AY	YR	1	_		Area	Code		Da	ytime Te	lephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/3/2022</u> **To:** SIEGEL, JOSHUA M 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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			Re	porting	Period			
Fro			om:		То	:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			4)					
							Γ	PAGE TOTAL

Enter 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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					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 Cand	Name of Filing Committee or Candidate			J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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	d	
	From:	То:	
	DATE		

				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

I

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	Name of Filing Committee or Candidate			ing Perio	d				
Fro			From:	om: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i 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		
SIEGEL, JOSHUA M	From:	<u>5/3/2022</u> To:	<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	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	g Period			
F					То:		
				DATE		AMOU	INT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE 1	TOTAL
					4	i	0.00

0.00

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

Name of Filing Committee or C	lame of Filing Committee or Candidate					Period			
					From: To:				
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion		1	
Employer Mailing Address/Principal Place of City State Business				Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From						
		DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)			Descrij	otion of Exp	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00