Campaign Finance Report

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

| Filer Identificat Number : | ion 2022 | 0223 | | | Repor Filed | | CAND | IDATE | | СОМІ | MITTEE | ✓ | LOB | BYIST | |
|-----------------------------------------|----------------------------------|------------|-----------------------|----------|----------------|---------------|----------------------------------|------------|-------|----------|------------------------|----------------|---------|----------|------------|
| Name of Filing (| Committee, Candida | ate or Lo | obbyist: | | | - | g for pe | ENNSYL | VAN | A | | | | | |
| Street Address: | PO BOX 140 | | | | | | | | | | | | | | |
| City: | MARTINS CRE | EK | | | | | State: | PA | | | Zip Co | de: 18 | 063-0 | 140 | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 D. PRIM | | POST- | 3. | | AMENDN REPORT | | Yes | No | · 🗸 |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | ∃- 5. X | | AY TION | POST- | 6. | | TERMINATION REPORT? | | Yes | No | · 🗸 |
| report type) | ANNUAL REPORT | 7. | Year 2022 | | | | FILING METHOD F () CHECK ONE | | | PAPER | | \checkmark | DISK | TTE | |
| Name of Office | Sought by Candidat | te: | | | | | DATE C | OF ELEC | CTIO | N | District Number | Office Code | Par | ty Code | County |
| COVERNOR | | | | | | | мо | DAY | YE | AR | -1 | GOV | LIB | | 48 |
| GOVERNOR | | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTI | ONS FOR | CODES) |
| | Receipts and | мо | DAY | YEAR | Ł | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | s from: | | 9 20 | 2 | 022 7 | Ю | 10 |) 2 | 24 | 2022 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | \$ | | | 5 | 538.96 | | | | | |
| B. Total Monet | ary Contributions A | And Reco | eipts (Fron | n Sche | dule I) | \$ | 5 | | 1 | .32.60 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | \$ | 5 | | 6 | 571.56 | | | | | |
| D. Total Expen | ditures (From Sche | edule II | [) | | | \$ | 5 | | 6 | 04.50 | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | \$ | 5 | | | 67.06 | | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedu | le II) | \$ | 5 | | | 0.00 | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | chedule IV | /) | | \$ | 5 | | | 0.00 | | | | | |
| | | | | AFF | IDAV | it se | CTION | | | | | | | | |
| PART I - If this i | s a Committee repo | ort, trea | surer sign | here. I | If this i | s a Ca | ndidate r | eport, c | andi | date sig | gn here. | | | | |
| I swear (or affirm correct and compl |) that this report, incl ete. | uding the | attached sc | hedules | s filed or | i paper | or by elect | tronic me | dium | , are to | the best o | f my knov | vledge | and bel | ief , true |
| Sworn to and subs | scribed before me this day of | 5 | 20 | | | | | | s | ignatur | e of Perso | n Submitt | ing Rep | oort | |
| | Signatu | re | - | | | _ | | | | | Prin | ted Name | | | |
| My Commission E | - | - | | | | | | | | | Ema | il | | | |
| | мо | DA | AY | YR | | | | Are | a Cod | e | Daytin | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a cand | lidate's a | authorized | Comn | nittee, (| Candid | late shall | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of m ed. | ıy knowle | edge and beli | ief this | political | comm | nittee has r | not violat | ed an | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P.I | L. 1333, |
| Sworn to and subse | cribed before me this day of | | 20 | | | | | | | s | ignature | of Candida | ite | | |
| | | | | | | | | | | | Printe | ed Name | | | |
| My Commission Ex | Signature | | | | | _ | | | | | Ema | il | | | |
| | мо | | | VP | | _ | | Area | Code | | | aytime Te | lenhor | e Num |)er |
| | no | DA | 41 | YR | | | | Alea | coue | | U | ayance fe | repilor | is num | |

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|--------------|-------------------|
| HACKENBURG FOR PENNSYLVANIA | From: | <u>9/20/202</u> | <u>2</u> To: | <u>10/24/2022</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 132.60 |
| 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 | (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 | 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 |
| | | | | |
| 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 | | | \$ | 132.60 |

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 Candidat | e | | Rep | orting I | Period | | | |
|------------------------------------------------------------------------------|-------|------------------|------|-----------|--------|------|----|------------|
| | | | From | From: To: | | | | |
| · | | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 |

| Use this Part to it | emize all other 50.01 to \$250.0 | 1 TO \$250.00 contribution 00 in the repo | s wi ortin | ith an ng per | aggreg iod. | | | rom | |
|-------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|---------------|------------------|----------------|------|----|------------|--|
| Name of Filing Committee or Candida | te | | Rep | orting P | eriod | | | | |
| | | | Fror | m: | | Тс |): | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | _ | _ | | | | | \$ | 0.00 | |
| City | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part A on | 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 | | | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.00 |
| Mailing Address | | | | | | | - \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | |
| | | | | | | | | PAGE TOTAL |
| nter Grand Total of Part C on Schedule I, Detailed Summary Page | | | | 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.)

| | | Rep | orting Pe | riod | | | |
|---------------------|-------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| | | From | n: | | Т |): | |
| | | | D | ATE | | AM | OUNT |
| | | | мо | DAY | YEAR | \$ | 0.00 |
| | | | | | | | |
| State | Zip Code (Plu | s 4) | | | | | |
| • | | | Occupat | ion | | | |
| ce of Business | City | | | State | | Zip Code | (Plus 4) |
| dule I, Detailed Su | ummary Page | Sectio | on 3. | | | | GE TOTAL 0.00 |
| | State ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: DA DA State Zip Code (Plus 4) Occupat | From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State | From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second | From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code |

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 Candidat | e | | Report | ing Perio | d | | | |
|--------------------------------------|----------------------|-------------|---------|-----------|-----|------|---------|------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AMOUNT | |
| -ull Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | | | | • | | | |
| | | _ | o .: | | | | PAGE TO | TAL |
| Enter Grand Total of Part E on Scheo | iule I, Detalled Sum | imary Page, | Section | 4. | | | \$ | 0.00 |

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|-------------------|
| HACKENBURG FOR PENNSYLVANIA | From: | <u>9/20/2022</u> то: | <u>10/24/2022</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 | Period | | | | |
|----------------------------------------------------|-------------------|-------------------|-----------|--------|------|-------------|--------|------|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| 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 Sched Section 2. | ontributions Deta | iled Sum | mary Pag | ie, | | PAGE TOTA | L | |
| | | | | | | \$ | | 0.00 |

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

| Name of Filing Committee or Candidate | | | Rep | porting I | Period | | |
|-----------------------------------------------------------------|-------------------|-------------------|--------|-----------|--------------|--------|---------------------------|
| | | | Fro | m: | | То: | |
| | | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | |
| lailing Address | | | | | | | \$ 0.00 |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | • | | Occupa | ation | | |
| Employer Mailing Address/Principal Plac | e of Business (| City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution |
| Enter Grand Total of Part G on Scho Summary Page, Section 3. | edule II, In-Kind | l Contributions D | etaile | ed | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | |
|-------------------------------------------|-----------|-------------------|----------|------------------|---------------|-----|-------------------|--|
| HACKENBURG FOR PENNSYLVANIA | | | From | <u>9/20</u> | 0/2022 | То: | <u>10/24/2022</u> | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Sharky's Cafe | | | | | | | | |
| Mailing Address 3960 Lincoln Hwy | | | 9 | 26 | 2022 | \$ | 36.05 | |
| City Latrobe | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 15650 | Meals | | | | | |
| To Whom Paid Get Go, Delmont | | | мо | DAY | YEAR | | | |
| Mailing Address U.S. Rt. 22 | | | 9 | 26 | 2022 | \$ | 46.04 | |
| City Delmont | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | |
| | PA | 15626 | Gasoline | | | | | |
| To Whom Paid Amici's Restaurant | | | мо | DAY | YEAR | | | |
| Mailing Address 102 S. Center Stree | | | 9 | 26 | 2022 | \$ | 11.32 | |
| City Ebensburg | State | Zip Code (Plus 4) | Descrip | l tion of Exp | l enditure | 1 | | |
| | РА | 15931 | Meals | | | | | |
| To Whom Paid Get Go, Rostraver | | | мо | DAY | YEAR | | | |
| Mailing Address 4285 PA-51 | | | 9 | 26 | 2022 | \$ | 47.18 | |
| City S. Belle Vernon | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | РА | 15012 | Gasolin | e | | | | |
| To Whom Paid PNC Bank | | | мо | DAY | YEAR | | | |
| Mailing Address One PNC Plaza, 249 | Fifth Ave | | 9 | 27 | 2022 | \$ | 12.99 | |
| City Pittsburgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | | |
| | РА | 15222-2707 | Bank Fe | e | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Borough of Lansdale | | | | | | | | |
| Mailing Address 1 Vine Street | | | 10 | 3 | 2022 | \$ | 1.00 | |
| City Lansdale | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | - | | |
| | РА | 19446 | Parking | | | | | |

| | | | | | | | | FAGE 12 | |
|-------------------------------------------------------------------------|---------------------------------|-----------|-------------------|----------------------------|------------------|---------------|--------|------------|--|
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| PNC Ban | k | | | | | | | | |
| Mailing A | Address One PNC Plaza, 249 | Fifth Ave | | 10 | 3 | 2022 | \$ | 10.00 | |
| City P | Pittsburgh | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | РА | 15222-2707 | Bank Se | ervice Fee | | | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| Google | | | | HO | | | | | |
| Mailing A | Address 1600 Amphitheatre | Parkway | | 10 | 5 | 2022 | \$ | 28.41 | |
| City M | Iountain View | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | СА | 94043 | Apps Co | ommerce | | | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| Google | | | | | | | | | |
| Mailing A | Address 1600 Amphitheatre | Parkway | | 10 6 2022 \$ 58.2 | | | | | |
| City M | Iountain View | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | СА | 94043 | Voice O | ver Interne | et Charge | es | | |
| To Whom | ו Paid | | | мо | DAY | YEAR | | | |
| Days Hot | tel By Wyndham | | | МО | | | | | |
| Mailing A | ailing Address 3400 Airport Rd. | | | 10 | 11 | 2022 | \$ | 112.81 | |
| City A | llentown | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | РА | 18109 | Lodging | | | | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| Days Hot | tel By Wyndham | | | | 2 | / | | | |
| Mailing A | Address 3400 Airport Rd. | | | 10 | 13 | 2022 | \$ | 20.00 | |
| City A | llentown | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | |
| | | РА | 18109 | Parking | | | | | |
| To Whom Sheetz, E | | | | мо | DAY | YEAR | | | |
| Mailing A | | | | 10 | 17 | 2022 | \$ | 100.47 | |
| City E | aston | State | Zip Code (Plus 4) | Descript | l tion of Exp | l enditure | I | | |
| | | РА | 18045 | Gasoline | | | | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| Google | | | | мо | DAT | TEAR | | | |
| Mailing Address 1600 Amphitheatre Parkway | | | 10 | 21 | 2022 | \$ | 120.00 | | |
| City Mountain View State Zip Code (Plus 4) | | | Descript | tion of Exp | enditure | • | | | |
| | | СА | 94043 | Advertis | sing | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | \$ | 604.50 | | | | |
| | | | | | | | | | |