### **Campaign Finance Report**

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

Filer Identificati Number :	on	20220	)223				port ed B		CA	NDII	DATE		COM	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		HAC	CKEN	IBUR	G FOF	R PEI	NNSYL	VAN	ΙA						-
Street Address:	PO BO	X 140												_					
City:	MARTIN	NS CREE	ΞK						State	e:	PA			Zip Cod	<b>ie:</b> 18	063-0	140		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRII PRIMARY		-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRII ELECTIO		E-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No	,	<b>\</b>
report type)	ANNUAL R	EPORT	7.	Year 202	22				NG ME					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	- Sought by C	andidate	e:						DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pai	rty Code	Coun	
									МО		DAY	Y	EAR	-1	GOV	LIB		48	
GOVERNOR										11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	)
Summary of	•	and	МО	DAY	YEAF	ł			МО		DAY	Y	EAR	FO	R OFFI	E USE	ONLY		
Expenditures	from:			9 2	20 2	022	T	0		10	2	24	2022						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$					538.96						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (Fr	om Sche	dule	e I)	\$					132.60						
C. Total Funds	Available (S	Sum Of I	Lines A	and B)				\$					671.56						
D. Total Expend	ditures (Fro	m Sche	dule II	I)				\$				(	504.50						
E. Ending Cash	Balance (S	ubtract	Line D	From Lin	e C)			\$					67.06						
F. Value Of In-	Kind Contri	butions	Receive	ed (From	Schedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Oblig	jations (	(From S	chedule	IV)			\$					0.00						
					AFF	FID/	AVI	T SE	CTIC	N									
PART I - If this is	a Committ	tee repo	rt, trea	surer sig	n here.	If th	nis is	a Car	ndidat	e re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		ort, inclu	iding the	attached	schedule	s file	d on	paper	or by e	electr	onic m	edium	, are to t	the best o	f my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	me this		20						•			Signature	of Perso	n Submitt	ing Re	port		_
								- -						Prin	ted Name	1			_
My Commission Ex		Signature	е											Ema	il				-
	мс	)	DA	ΑY	YR			_			Are	ea Co	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of	f a candi	idate's	authorize	ed Comr	nitte	ee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and b	elief this	poli	tical	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature o	of Candida	ate			-
	day of — —							-						Printe	d Name				-
	Sig	nature						-											_
My Commission Exp	_													Ema	il				
		мо	DA	AY	YF	ì		•			Area	Code		Da	aytime T	elephoi	ne Numb	er	╴┃

# 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:	10/24/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	) 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	J 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			\$	132.60

#### **PART A**

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

\$50.01 TO \$250.00

Use	this Part to itemize onl with an aggregate valu		ceiv		-				
Name of Filing Comn	nittee or Candidate		Reporting Period						
		From:			То	:			
		· ·			DATE			AMOUNT	
Full Name of Contribut	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 Fining Committee of Candidate				Reporting Period From: To:					
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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			Rep	orting Pe	riod				
			Fror	n:		To	To:  AMOUNT  YEAR  \$  Zip Code (Plus 4)		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	od							
HACKENBURG FOR PENNSYLVANIA	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidat	:e		Reporting	g Period			
			From:			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 Candidate					Re	porting l	Period			
					Fro	om:		To:	\$ Description of Contribu	
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
HACKENBURG FOR PENNSYLV	/ANIA		From	<u>9/20</u>	То:	10/24/2022	
				DATE			AMOUNT
<b>To Whom Paid</b> Sharky's Cafe			мо	DAY	YEAR		
Mailing Address 3960 Linco	ıln Hwy		9	9 26 2022 <b>\$</b>			36.05
<b>City</b> Latrobe	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15650	Description of Expenditure  Meals				
<b>To Whom Paid</b> Get Go, Delmont			мо	DAY	YEAR		
Mailing Address U.S. Rt. 22	2		9	26	2022	\$	46.04
<b>City</b> Delmont	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15626	<b>Descrip</b> Gasolin	otion of Exp	penditure		
<b>To Whom Paid</b> Amici's Restaurant			МО	DAY	YEAR		
Mailing Address 102 S. Cer	nter Street		9	26	2022	\$	11.32
<b>City</b> Ebensburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15931	Description of Expenditure Meals				
To Whom Paid Get Go, Rostraver		<u>'</u>	мо	DAY	YEAR		

City S. Belle Vernon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15012	<b>Description of Expenditure</b> Gasoline					
To Whom Paid PNC Bank			МО	DAY	YEAR			
Mailing Address One PNC Plaza, 249	Fifth Ave		9	27	2022	\$	12.99	
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15222-2707	Bank Fee					

Mailing Address 4285 PA-51

47.18

<b>To Whom Paid</b> Borough of Lansdale	МО	DAY	YEAR			
Mailing Address 1 Vine Street	10	3	2022	\$		1.00
City Lansdale State Zip Code (Plus 4) PA 19446	Descrip	Description of Expenditure Parking				
To Whom Paid PNC Bank	МО	DAY	YEAR			
Mailing Address One PNC Plaza, 249 Fifth Ave	10	3	2022	\$		10.00
City Pittsburgh State Zip Code (Plus 4) PA 15222-2707	Descrip	Description of Expenditure  Bank Service Fee				
To Whom Paid Google	МО	DAY	YEAR			
Mailing Address 1600 Amphitheatre Parkway	10	10 5 2022 \$			28.41	
		Description of Expenditure Apps Commerce				
City Mountain View State CA State 94043	Descrip		penditure			
Mountain view	Descrip		YEAR			
To Whom Paid	Apps C	ommerce		\$		58.23
To Whom Paid Google	Apps C  MO  10  Descrip	DAY	YEAR 2022	\$		58.23
To Whom Paid Google  Mailing Address 1600 Amphitheatre Parkway  City Mountain View  CA 94043  State Zip Code (Plus 4)	Apps C  MO  10  Descrip	DAY 6	YEAR 2022	\$		58.23
To Whom Paid Google  Mailing Address 1600 Amphitheatre Parkway  City Mountain View  CA 94043  Zip Code (Plus 4) 94043  To Whom Paid	Apps C  MO  10  Description of the control of the c	DAY  6  Otion of Exp Over Intern	YEAR 2022 penditure net Chargo	\$		58.23 112.81
To Whom Paid Google  Mailing Address 1600 Amphitheatre Parkway  City Mountain View State CA 94043  To Whom Paid Days Hotel By Wyndham	MO  10  Descrip Voice C	DAY  6  Otion of Exp Over Intern  DAY  11  Otion of Exp	YEAR  2022  penditure net Charge  YEAR  2022	\$ es		
To Whom Paid Google  Mailing Address 1600 Amphitheatre Parkway  City Mountain View  To Whom Paid CA  State CA  Zip Code (Plus 4) 94043  To Whom Paid Days Hotel By Wyndham  Mailing Address 3400 Airport Rd.  City Allentown  State  Zip Code (Plus 4) 94043	MO  Description  MO  10  Description  MO  10  Description  MO  Description  Description  Description  MO  Description  Des	DAY  6  Otion of Exp Over Intern  DAY  11  Otion of Exp	YEAR  2022  penditure net Charge  YEAR  2022	\$ es		
To Whom Paid Google  Mailing Address 1600 Amphitheatre Parkway  City Mountain View  State CA 2ip Code (Plus 4) 94043  To Whom Paid Days Hotel By Wyndham  Mailing Address 3400 Airport Rd.  City Allentown  State Zip Code (Plus 4) 94043	MO  10  Description of the control o	DAY  6  Otion of Exp Over Intern  DAY  11  Otion of Exp	YEAR  2022  penditure net Charge  YEAR  2022  penditure	\$ es		

To Whom Paid Sheetz, Easton			мо	DAY	YEAR		
Mailing Address 3501 Nazareth Rd.		10	17	2022	\$	100.47	
City Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18045	Description of Expenditure Gasoline				
<b>To Whom Paid</b> Google			мо	DAY	YEAR		
Mailing Address 1600 Amphitheatre Parkway		10	21	2022	\$	120.00	
<b>City</b> Mountain View	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94043	Description of Expenditure Advertising				
Enter Grand Total of Expendi	tures on Page 1 Per	nort Cover Page Item D					PAGE TOTAL
Lines Grand Fotal of Expendi	idica on i age 1, Re	port cover i age, Item D	•			\$	604.50