Campaign Finance Report

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

Filer Identification	on 2	2022C15	586				eport led B		CAN	ANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing C	of Filing Committee, Candidate or Lobbyist: EUGENE HUNTER																		
Street Address:																			
City:									State	:				Zip Code	: 180	040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST-	3.	_	AMENDME REPORT?	NT	Yes	No	•	/
	6TH TUESDAY PRE-ELECTION			2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		Р	OST-	6. X		TERMINAT REPORT?	ION	Yes	No	•	/
	ANNUAL REP	ORT 7.		Year 2022	rear 2022 FILING METHOR () CHECK ON								PAPER		\checkmark	DISKE	TTE		
Name of Office S	ought by Can	didate:							DATE	ATE OF ELECTION District Office Number Code Party C					ty Code	Coun			
SESSECENITATI	- 								МО		DAY	YE	AR	138	STH	DEN	1	1	
REPRESENTATI	VE IN THE GE	:NEKAL	ASSE	-MBLY						11		8	2022	<u> </u>	(SEE INS	TRUCTIO	ONS FOR (CODES)
Summary of I		d M	10	DAY	YEAR	.			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	2	022	2 T	0		11	2	28	2022						
A. Amount Brou	ught Forward	From La	ast Re	aport				\$					0.00]					
B. Total Moneta	ary Contributi	ons And	l Rece	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Su	m Of Lin	nes A	and B)				\$					0.00						
D. Total Expend	ditures (From	Schedu	ıle III	<u></u>				\$					0.00						
E. Ending Cash	Balance (Sub	tract Lir	ne D F	From Line C	2)			\$				2,43	2.42						
F. Value Of In-I	Kind Contribu	tions Re	eceive	d (From Sc	:hedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligat	ions (Fr	rom S	chedule IV)			\$					0.00		'				
					AFF	·ID	AVI	T SE	CTIO	N									
PART I - If this is	a Committee	report,	, treas	surer sign h	iere.	If th	his is	a Can	didate	e re	port, c	andid	ate sig	gn here.					
I swear (or affirm) correct and comple		t, includin	ng the	attached sch	edules	s file	ed on	paper o	or by el	lectr	onic me	edium,	are to	the best of r	my know	ledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed before m day of	e this		20								Si	gnature	e of Person	Submitti	ng Rep	ort		-
	- Sic	gnature		·		_		- -		•				Printe	d Name				-[
My Commission Ex	-	Mature								-				Email					- [
	МО		DA	Y	YR						Are	ea Code	1	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of a	candida	ate's a	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my ki	inowle	dge and belie	ef this	; poli	itical	commi	ittee ha	as no	ot violat	ted any	provis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		this											s	ignature of	Candida	te			-
	day of —— ——							-						Printed	Name				-
	Signa	ture			—			-											_
My Commission Exp	ires													Email					
	мс	,	DA	Y	YR	l I		-			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
EUGENE HUNTER	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			Fre	om:		То	:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee or Candidate					eriod	o:		
					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	me of Filing Committee or Candidate Repor			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 Cano	nme of Filing Committee or Candidate				orting Pe	riod			
				Fro	m:		To):	
			·		D	ATE		AN	MOUNT
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/Princip Business	al Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE 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	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
EUGENE HUNTER	From:	10/25/2022 To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candid	ate		Reporting	g 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		To:		
							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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame 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)	Descri	ption of Ex	penditure					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00			