# **Campaign Finance Report**

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

				-	1					_						
Filer Identificati Number :	ion 2022	2C1274			Repo Filed		CAND	IDATE	$\checkmark$	co	OMMITTE	E	LOB	BYIST		
Name of Filing C	Committee, Candid	late or Lo	obbyist:		BRENT	LABE	NBERG									
Street Address:																
City:							State:				Zip Cod	<b>e:</b> 18	049			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	V N	D	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D/ ELEC		POST-	6. <b>X</b>		TERMINA REPORT?		Yes	N	D I	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METH CHECK (				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	Sought by Candida	te:					DATE	OF ELE	CTION		District Number	Office Code	Pai	ty Code	Count Code	ţ
							мо	DAY	YEA	R	134	STH	REF	)		
REPRESENTATI	IVE IN THE GENEI	KAL ASS	CIMDL I				1	1	8	2022	]	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEA	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:	1	LO 25	2	.022	то	1	1	28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			-	0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sch	edule II	[)			\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$				0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this	is a Cai	ndidate ı	report,	candida	ate sig	gn here.					
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	attached sc	hedule	s filed o	n paper	or by elec	tronic m	edium, a	are to	the best of	my know	ledge	and bel	ief , tru	ie,
Sworn to and subs	scribed before me thi day of	S	20						Sig	gnatur	e of Persor	Submitt	ing Re	oort		-
	Signatu	ire				_					Print	ed Name				-
My Commission E	xpires										Emai	I				-
	мо	D/	AY	YR				Ar	ea Code		Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amendo	) that to the best of ı ed.	ny knowle	edge and beli	ief this	s politica	l comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 1333	,
Sworn to and subso	cribed before me this									s	ignature o	f Candida	te			-
	day of 										Printer	d Name				-
	Signature					_										_
My Commission Exp	bires										Emai	I				
	мо	D/	AY	YR	ł			Area	Code		Da	ytime Te	lephor	ne Numi	ber	•

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRENT LABENBERG	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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# 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			
	om:		То	:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	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						
	From: To:										
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candic	Name of Filing Committee or Candidate			J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
							-	PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led 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	
	From:	То:

				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 Candidat	e		Report	ing Perio	bd				
From				From: To:					
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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 Perio	d	
BRENT LABENBERG	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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	Name of Filing Committee or Candidate						
	From: To:						
				DATE		АМО	UNT
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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Reporting Period						
						From: To:					
							DATE AMO				
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupat	ion				
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution		

Enter Grand Total of Part G on Schedule I	I, In-Kind Con	ntributions Detai	led	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)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00