# **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 :	ion 2022	C1044			Repor Filed I		CAN	DID	ATE	✓ [	со	MMITTEE		LOB	BYIST		
	Committee, Candida	ate or Lo	obbyist:			-	SHUA 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 D PRIN	DAY MARY	PO	POST- 3.			AMENDME REPORT?	INT	Yes	✓ ^	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	D FRIDAY PRE- ECTION 5. 30 DA				PO	POST- 6.			TERMINATION REPORT?		Yes	Ν	0	$\checkmark$
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				ING MET ) CHECK				I	PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	Gought by Candidat	:e:					DATE	OF	ELEC	TION		District Office Number Code		Par	ty Cod	e Cou Cod	
							мо	D	PAY	YEAR		22	STH	DEM	1	39	
REPRESENTATI	IVE IN THE GENER	AL ASSI	EMBLY					11	8	8 20	)22		(SEE INS	TRUCTI	ONS FOI	CODE	S)
	Receipts and	мо	DAY	YEAR			мо	D	DAY	YEAR		FOF	R OFFIC	E USE	ONLY	,	
Expenditures	s from:	1	.1 29	20	022 <b>1</b>	0		12	3	1 20	)23						
A. Amount Bro	ught Forward Fron	n Last Ro	eport			9	\$		(	4,010.0	00)						
B. Total Monet	ary Contributions A	And Reco	eipts (From	Sche	dule I)		\$			0.	.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			0.	.00						
D. Total Expen	ditures (From Sche	edule II	[)				\$			0.	00						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			0.	00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	le II)		\$			0.	00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	)			\$			0.	00						
				AFF	IDAVI	TS	ECTIO	Ν									
	s a Committee repo																
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	hedules	filed on	pape	r or by el	ectro	nic meo	dium, are	e to th	ne best of	my know	ledge	and be	lief , t	rue
Sworn to and subs	scribed before me this day of		20					_		Signa	ature	of Person	Submitti	ng Rep	ort		_
						_		_				Printe	ed Name				-
My Commission E	Signatur xpires	re						_				Email					-
	мо	DA	NY	YR		_			Area	a Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, C	Candi	date sha	all sig	gn hei	re.							
I swear (or affirm) No 320) as amende	) that to the best of m ed.	ıy knowle	dge and beli	ef this	political	com	mittee ha	s not	violate	ed any pro	ovisio	ons of the	act of Ju	ne 3,1	937 (P	.L. 133	33,
Sworn to and subscribed before me this Signature of Candidate									-								
	day of					_		Printed Name								—	
My Commission Exp	Signature					-						Email					_
						_		_									_
	мо	DA	NY	YR					Area C	ode		Day	ytime Te	lephor	e Num	ber	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>11/29/2022</u> **To:** SIEGEL, JOSHUA M <u>12/31/2023</u> 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				Reporting Period							
				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			

PAGE 3

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 Candida	te		Rep	orting P	eriod					
			Fror	From: To			D:			
					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 Candidate			Reporting Period							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary 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 Rep				porting Period					
			Froi	n:		Т	):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00	

## 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 Candida	te		Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.	00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	•	•							
			o .:					PAGE TOTAL	
Enter Grand Total of Part E on Sche	dule I, Detalled	a Summary 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 DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Perio	od	
SIEGEL, JOSHUA M	From:	<u>11/29/2022</u> то:	<u>12/31/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period						
F						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.				mary Pag	je,		PAGE TOTA	AL.	
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From							
		DATE		AMOUNT							
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City State Zip Code (Plus 4)				Description of Expenditure							
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item I					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00				