#### **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	C1044				port ed B		CANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing Committee, Candidate or Lobbyist: SIEGEL, JOSHUA M																		
Street Address:																		
City:									State:				Zip Code	e: 18	109			
TYPE OF REPORT	6TH TUESD PRE-PRIMAI		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POS	T- 3	3.	AMENDME REPORT?	NT	Yes	<b>√</b> No	)	
(place X to the right of	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION						POS	T- 6	5.	TERMINAT REPORT?	TION	Yes	No	,	<b>\</b>			
report type)	ANNUAL R	AL REPORT 7. X Year 2022 FILING METHOL ( ) CHECK ON									PAPER		<b>\</b>	DISKE	TTE			
Name of Office S	ought by C	andidat	e:						DATE	OF E	LEC	TION	District Number	Office Code	Par	ty Code	Cour	
<b></b>	- 								МО	DA	λY	YEAR	22	STH	DEN	1	39	
REPRESENTATI	VE IN THE	GENER	AL ASS	EMBLY					1	1	8	8 202	2	(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR	l			МО	DA	ΑY	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 29	2	022	<b>T</b>	0	1	2	3:	1 202	23					
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$			(	4,010.00	))					
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$				0.0	0					
C. Total Funds	Available (	Sum Of	Lines A	and B)				\$				0.0	0					
D. Total Expend	ditures (Fro	om Sche	dule II	[)				\$				0.0	0					
E. Ending Cash	Balance (S	Subtract	Line D	From Line C	<b>E)</b>			\$				0.00	0					
F. Value Of In-	Kind Contri	butions	Receiv	ed (From Sc	hedu	le I	I)	\$				0.00	0					
G. Unpaid Debt	s And Oblig	gations	(From S	chedule IV	)			\$				0.0	0	,				
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is		•	•							-	•							
I swear (or affirm) correct and comple		port, inclu	iding the	attached sch	edules	file	ed on	paper (	or by elec	troni	ic med	dium, are t	o the best of	my knov	vledge	and beli	ef , tr	шe
Sworn to and subs	cribed before day of	e me this		20								Signatu	ıre of Person	Submitt	ing Rep	ort		_
		Signatur	e					-		_			Printe	ed Name				-
My Commission Ex		Signatui											Email					-
	м	0	D	λΥ	YR						Area	a Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shal	l sigi	n her	re.						
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	not v	riolate	ed any prov	risions of the	act of Ju	ıne 3,1	937 (P.L	133:	3,
Sworn to and subsc		me this											Signature of	Candida	ite			-
	day of ——							-		_			Printed	Name				-
	Sig	nature						-										_
My Commission Exp	ires												Email					
		мо	D	AY	YR			-		Α	rea C	ode	Day	time Te	elephor	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SIEGEL, JOSHUA M	From:	11/29/202	<u>2</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	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	) 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

#### **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		Re	porting	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 of Camulate				Reporting Period From: To:					
					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 Candi	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	Reporting Period								
	From:						То:		
				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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Jones and an Detailed	a cannual y 1 age,	2001011	••			\$	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 Per	iod	
SIEGEL, JOSHUA M	From:	11/29/2022 <b>To</b> :	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	Name of Filing Committee or Candidate Rep						
	Fro						
				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	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	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			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