Campaign Finance Report

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

Filer Identificat Number :	ion 2022	2C1618			Report Filed B		CANDI	DATE	✓	СС	OMMITTEI		LOBE	BYIST	
Name of Filing	Committee, Candic	late or L	obbyist:			-	G, JONAT	HAN M	ATTHE	W					
Street Address:															
City:							State:				Zip Cod	e: 18	013		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIMA		POST-	3.		AMENDMI REPORT?	Yes	No	 Image: A start of the start of	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELECT		POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				IG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office	 Sought by Candida	te:			₽		DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code
GOVERNOR							мо	DAY	YEA	R	-1	GOV	LIB		48
GOVERNOR							11		8	2022]	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		3 29	2	022 T	0	5		2	2022					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$				0.00					
B. Total Monet	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00					
D. Total Exper	nditures (From Sch	edule II	1)			\$				0.00					
E. Ending Casl	h 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	6 (From S	Schedule IV	()		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee rep	•	-					• •		-	-				
I swear (or affirm correct and comp	ı) that this report, inc lete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	/ledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signatu	ıre				-					Print	ed Name			
My Commission E	-					_					Email				
	мо	D	AY	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of led.	my knowle	edge and beli	ef this	political	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		Signature of Candidate												
						-					Printeo	i Name			
My Commission Ex	Signature					-					Emai				
						-									
	мо	D	AY	YR	l			Area	Code		Da	ytime Te	lephon	e Numb	er

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SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** HACKENBURG, JONATHAN MATTHEW From: <u>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ **Contributions Received From Political Committees (Part A)** All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00								

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)						
								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 Candida	ite		Rep	orting P	eriod					
			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 Schedule I, Detailed Summary Page, Section							\$	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:				om:					
			D	ATE		AM	OUNT		
			мо	DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupation						
ce of Business	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							GE TOTAL 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

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 Candidate			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HACKENBURG, JONATHAN MATTHEW	From:	<u>3/29/2022</u> To:	<u>5/2/2022</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 R			Reporting Period						
F						То:			
				DATE		AMOUNT			
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				ailed Summary Page,			PAGE TOTAL		
						\$		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			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 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	Zip Code (Plus 4)) Description of Expenditure							
Fater Cread Table of Friday ditures on Dags 1. Depart Course Dags Them I							PAGE TOTAL		
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		