### **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 202	2C1618				port		CA	NDII	DATE	<b>~</b>	cc	MMITTEE		LOB	BYIST			
Name of Filing C	ommittee, Candi	date or L	obbyist:		HAC	KEN	IBURG	G, JO	NAT	HAN M	1AT	THEW							
Street Address:																			
City:								State	e:				Zip Code	<b>Zip Code:</b> 18013					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE Y	- 2	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	N	0	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	DAY PRE	≣- !	5.	30 DA		POST- 6. X TERMINATION REPORT?						Yes	N	0	<b>\</b>	
report type)	ANNUAL REPORT	Г 7.	Year 20	22				NG ME			-		PAPER		<b>V</b>	DISK	ETTE		
Name of Office S	ought by Candida	ate:						DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Code	Cour		
								МО		DAY	1	YEAR	-1	GOV	LIB		48		
GOVERNOR									11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	5)	
Summary of		МО	DAY	YEAR	ł			МО		DAY		YEAR	FOF	OFFI	CE USE	ONLY			
Expenditures	from:		10	25 2	022	T	0		11	:	28	2022							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00							
B. Total Monet	ary Contributions	And Rec	eipts (Fr	om Sche	dule	ı)	\$					0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From Sch	nedule II	I)				\$					0.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Lin	ne C)			\$					0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From	1 Schedu	le II	()	\$					0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00							
				AFF	IDA	۱۷۲	ΓSE	CTIO	NC										
PART I - If this is			_																
correct and comple	that this report, incete.	cluding the	attached	schedule	s filed	d on	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and be	ief , tr	ue	
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	oort			
	Signat	ure					-						Printe	ed Name	•				
My Commission Ex	xpires								•				Email						
	мо	D/	AY	YR						Arc	ea C	ode	Daytime	Teleph	one Nu	mber			
Part II- If this is	a report of a can	ididate's	authoriz	ed Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and b	belief this	polit	tical	comm	ittee h	as no	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,	
Sworn to and subsc		;										S	ignature of	Candid	ate			-	
	day of						-						Printed	Name				- $ $	
My Commission Exp	Signature						-						Email					-	
, commission exp							_											_	
	мо	D.	AY	YR	l					Area	Cod	e	Day	time T	elephor	e Num	ber		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
HACKENBURG, JONATHAN MATTHEW	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	) 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	y 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
			ı	
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

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 Car	ndidate	F	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Commit	tee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### **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.

Name of Filing Com	mittee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	<b>)</b> :	
		1			DATE			AMOUNT
Full Name of Contribut	tor			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	,	•						PAGE TOTAL

7/5/2025 6:05:01 PM

#### **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									
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							<b>-</b>   \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule 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 Candidate	Name of Filing Committee or Candidate			orting Pe	riod			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Peri	od	
HACKENBURG, JONATHAN MATTHEW	From:	10/25/2022 <b>To:</b>	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
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 Car	lame of Filing Committee or Candidate Re					Reporting Period					
	F					To	То:				
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>7</b> \$	C	0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL				
Section 2.						\$	0	.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									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)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (	Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	<b>,</b> .			\$	0.00