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 2022	2C1618				port		CAND	IDATE	√	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Candi	late or L	obbyist:	Ī	HAC	CKE	NBURG	G, JONA	THAN N	/ATTHE\	W						
Street Address:																	
City:								State:	Zip Code: 18013								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-		2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION					Y TON	POST- 6.			TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL REPORT	7. 	Year 2022					IG METH CHECK C			PAPER		\	DISKE	TTE		
Name of Office S	ought by Candida	ite:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- -							мо	DAY	YEAF	₹	-1	GOV	LIB		48	
GOVERNOR								11		8 2	022		(SEE INS	TRUCTI	ONS FOR C	ODES)	,
	Receipts and	МО	DAY Y	EAR				МО	DAY	YEAR	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		6 7	20)22	Т	0	g	9 19 2022								
A. Amount Bro	ught Forward Fro	m Last R	leport				\$			(0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	ched	dule	e I)	\$			(0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Expend	ditures (From Sch	edule II	. I)				\$	\$ 0.00									
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$ 0.00										
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scho	edul	le II) \$ 0.00												
G. Unpaid Debt	s And Obligations	(From	Schedule IV)				\$			C	0.00		1				
			A	٩FF	IDA	٩VI	T SE	CTION									
PART I - If this is	•	•									-						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sched	dules	file	d on	paper o	or by elec	tronic m	edium, ar	e to t	the best of I	my know	/ledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20							Sign	ature	e of Person	Submitt	ing Rep	ort		_
	Signate	ıre					- -					Printe	d Name				-
My Commission Ex	-											Email					-
	МО	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and belief	this	polit	tical	commi	ittee has	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	1333	3,
Sworn to and subsc											s	ignature of	Candida	te			-
	day of						-					Printed	Name				-
	Signature						_										_
My Commission Exp	ires											Email					
	МО	D	PAY	YR			_		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
HACKENBURG, JONATHAN MATTHEW	From:	6/7/2022	<u>2</u> To:	9/19/2022
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 ar 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 Ca	Reporting Period						
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		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.

Full Name of Contributor Mo DAY YEAR Mailing Address City State Zip Code (Plus 4)	MINT
Full Name of Contributor MO DAY YEAR Mailing Address \$	IINT
MO DAY YEAR Mailing Address \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E TOTAL

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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:							To	То:		
	DATE			AMOUNT						
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•				Occupation					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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			Reporting Period						
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							\neg		
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			1	•	•		
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL	
Enter Grand Total of Part I	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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HACKENBURG, JONATHAN MATTHEW	From:	<u>6/7/2022</u> To:	9/19/2022
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period							
	From:			То:				
				DATE			AMOUNT	
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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(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.										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					enditure		
Enter Crand Total of Evnanditures					PAGE TOTAL		
Enter Grand Total of Expenditures	, .			\$	0.00		