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 20	18C1157				Repoi			CAND	ID	ATE	√	co	MMITTEE		LOB	BYIS	Т	
Name of Filing C	Committee, Cand	idate or L	obby	ist:	J	Josh C	amso	n -	- Cand	idat	te								
Street Address:																			
City:								9	State:					Zip Code	e: 19	438			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDAY MARY	/ PRE-	2.	30 I PRII			РО	ST-	3.		AMENDME REPORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	/ PRE-	- 5. X	30 [ELE			РО	ST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes		No	\
report type)	ANNUAL REPOR	t T 7.	Yea	r 2018						ETHOD CK ONE					DIS	KETTE			
Name of Office S	Sought by Candi	date:	•			•			DATE	OF	ELEC	TIC	DN .	District Number	Office Code	Pai	ty Co	de Cou	
DEDDECEMENT	VE IN THE CEN		CMD	11 V				Ī	МО	D	PAY	Y	EAR	147	STH	DEI	Ч	46	
REPRESENTATI	VE IN THE GEN	EKAL ASS	DEIVID	DLT					1	1		6	2018		(SEE IN	STRUCTI	ONS F	OR CODE	S)
	Receipts and	МО	D	PAY	YEAR			I	МО	D	PAY	Y	EAR	FOF	OFFI	E USE	ONI	Υ.	
Expenditures	irom:		9	18	20	018	ГО		1	0	2	22	2018						
A. Amount Bro	ught Forward Fr	om Last R	Repor	rt				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts	s (From	Sched	dule I)		\$					27.50						
C. Total Funds	Available (Sum	Of Lines A	and	В)				\$					27.50						
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance (Subtra	act Line D	Fron	n Line (C)			\$					27.50						
F. Value Of In-	Kind Contribution	ns Receiv	ed (I	From So	hedul	e II)		\$					0.00						
G. Unpaid Debt	ts And Obligation	ns (From S	Sche	dule IV)			\$					0.00			'			
					AFF]	IDAV	IT S	EC	CTION										
PART I - If this is	s a Committee re	eport, trea	sure	er sign h	nere. I	f this i	s a C	and	didate	rep	ort, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding the	e atta	ched sch	edules	filed or	n pape	er o	r by elec	tro	nic me	dium	ı, are to t	he best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me t day of	his	20							_			Signature	of Person	Submit	ing Re	ort		_
	— — Signa	nture	_				_			_				Printo	ed Name	•			-
My Commission Ex	-									_				Email					_
	мо	D	AY		YR						Are	a Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	auth	orized	Comm	ittee,	Candi	ida	te shal	l si	gn he	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge	and belie	ef this	politica	l com	mit	tee has	not	violat	ed ar	ny provis	ions of the	act of J	une 3,1	937 (P.L. 13	33,
Sworn to and subsc		is								-			s	ignature of	Candida	ate			_
	day of 		_ 20 _				_			_				Printed	Name				-
My Commission 5	Signatur	e					_			_				Email					_
My Commission Exp	es						_			_									_
	МО	D	AY		YR					_	Area C	Code		Da	time T	elephor	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Josh Camson - Candidate	From:	9/18/201	<u>8</u> To:	10/22/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	27.50
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			\$	27.50

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Fining Committee of Canadate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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			Rep	orting Pe	riod		Reporting Period					
			Fror	n:		To) :					
				D	ATE		А	MOUNT				
Full Name of Contributor				мо	DAY	YEAR						
Mailing Address City State Zip Code (Plus 4)							\$	0.00				
City	State	Zip Code (Plu	s 4)									
Employer Name		•		Occupa	tion		•					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)				
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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	ting Perio	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•				
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAGE TOTAL	
Enter Grana Total of Fait E	on senedare 1, Betanet	a Summary rage,	Section				\$ 0.0	0

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	d	
Josh Camson - Candidate	From:	<u>9/18/2018</u> To:	10/22/2018
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 Candidat	:e		Reporting	g 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 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 P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	s 4) Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00	