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 :	ion 2022	C0716			Report Filed B		CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST	
Name of Filing O	Committee, Candid	ate or Lo	obbyist:	J	OSHUA	KAIL	-								•
Street Address:															
City:							State:				Zip Cod	e: 15	009		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	· 5.	30 DA ELECT		POST-	OST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	F ELE			District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	R	15	STH	REP		
REPRESENTAL	IVE IN THE GENER	RAL ASS	EMBLY				11		8	2022	i	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 29	20	22 T	0	5		2	2022					
A. Amount Bro	ught Forward From	n Last R	eport		ľ	\$	•			0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sched	lule I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedule	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00					
				AFFI	DAVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. If	f this is	a Car	ndidate re	eport, o	andida	ate sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	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 subs	scribed before me this day of	5	20						Sig	Inatur	e of Person	Submitt	ing Rep	ort	
	Signatu	ro				-					Print	ed Name			
My Commission E	Signatu xpires	16									Email				—
	мо	D	AY	YR		_		Ar	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Commi	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowle	edge and beli	ef this p	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 subso	cribed before me this day of		Signature of Candidate												
						-					Printed	Name			
My Commission Exp	Signature					-					Email				
						-									
	МО	D	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JOSHUA KAIL From: <u>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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	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 Candidate Reporting Period									
			From: To):			
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4	k)						
								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			AMOUNT	
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:				m:			To:			
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE TOTAL 0.00		

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			Reporting Period							
				m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sec							PAGE TOTAL			
Enter Grand Total of Part E on Sched	ule 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										
JOSHUA KAIL	From:	<u>3/29/2022</u> To:	<u>5/2/2022</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Re			Reporting	eporting Period					
Fr				From:			То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		-				 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:						-			
				_	Г				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details 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:		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 Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From							
		DATE		AMOUNT							
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	Zip Code (Plus 4)) Description of Expenditure									
Enter Crand Tatal of Evnanditures					PAGE TOTAL						
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00				