### **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	20170	0123			Rep File			CA	NDII	DATE		СОМ	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		CITI	ZEN	IS FO	R JOS	SHU	A KAIL	-		_					-
Street Address:	РО В	OX 94																	
City:	BEA\	/ER							State	e:	PA			Zip Cod	le: 15	009			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No	)	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	AY PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No	)	<b>√</b>
report type)	ANNUAL	REPORT	7. <b>X</b>	<b>Year</b> 2022	1				NG ME CHEC					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by	Candidat	e:	-					DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Code	Cour	
									МО		DAY	Υ	EAR		_	REI	)		
										11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR	1			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1	11 29	2	022	Т	0		12	;	31	2022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				37,	502.73						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (Fror	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				37,	502.73						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				18,	704.92						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				18,	797.81						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	Schedu	le II	)	\$	1				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule I	V)			\$					0.00						
					AFF	IDA	VI	T SE	CTIO	NC									
PART I - If this is		•	•	_							• •		_						
I swear (or affirm) correct and comple		report, incit	uaing the	attached so	cneaules	riied	on	paper	or by e	electr	onic m	eaiun	ı, are to t	ne pest o	r my knov	vieage	and bei	er , tr	ue.
Sworn to and subs	cribed before day of	ore me this		20								:	Signature	of Perso	n Submitt	ing Re	port		
	_	Signatur	·e					-						Prin	ted Name				-
My Commission Ex	cpires	•								•				Emai	il				-
		мо	D/	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and bel	lief this	polit	ical	comm	ittee h	as no	ot viola	ted aı	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc		re me this											s	ignature o	f Candida	ite			-
	day of —							-						Printe	d Name				-
	:	Signature						-											_
My Commission Exp	ires													Emai	il 				
		МО	D	AY	YR			•			Area	Code		Da	ytime Te	lepho	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR JOSHUA KAIL	From:	11/29/202	<u>2</u> To:	12/31/2022
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	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	J 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 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	Candidate	1	Reporting	Period		
			From:		То	:
		•		DATE		AMOUNT
Full Name of Contributing Com	mittee		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.

## 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.

(Exc	\$50.01 to \$25 clude contributions fron	n political comm				in Part	A)	
Name of Filing Comm	nittee or Candidate		Rep	orting P	eriod			
			Fror	n:		To	<b>o</b> :	
		ı			DATE			AMOUNT
Full Name of Contribute	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•				•			PAGE TOTAL
Enter Grand Tota	al of Part A on Schedule T. De	tailed Summary Pag	_ Se	ection 3	,		ے ا	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		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							<b>+</b>	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

### 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	eriod			
				Fron	n:		Te	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umma	ary 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:			То:		
					ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	lus 4)					
Receipt Description	'	<b>,</b>		<u> </u>		_ <b>!</b>	•	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	i 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	
CITIZENS FOR JOSHUA KAIL	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	र	
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	Fr				Reporting Period					
			From:			To:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	-	<b>-</b>	•	•	•					
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L		
Section 2.						\$		0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	portin	g Period					
				Fro	m:		To	):			
						DATE				AMOUN	г
Full Name of Contributor					мо	DAY	YEAF	2			
Mailing Address									\$		0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor	•				Occu	ıpation	•				
Employer Mailing Address/Principal Pla	ce of Business	Cit	:y	Stat	e Z	ip Code(Plus 4)	Des	crip	otion of	Contribut	tion
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Ki	nd (	Contributions D	etaile	ed					PAGE TO	0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
CITIZENS FOR JOSHUA KAIL	From	11/29/2022	То:	12/31/2022		

					DATE			AMOUNT
To Whom Paid				МО	DAY	YEAR		
THE CENTER								
Mailing Address	754 OHIO AVE			10	27	2022	\$	1,000.00
City MIDLAND		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15059	SPONSO	OR 10/6/22	2 DINNER	₹	
To Whom Paid				мо	DAY	YEAR		
BEAVER AREA JAY	CEES			МО	DAI	ILAK		
Mailing Address	PO BOX 391			11	4	2022	\$	1,000.00
City BEAVER		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15009	JINGLE	BELL SPO	NSOR- 12	2/3/22 5K E	VENT
To Whom Paid				МО	DAY	YEAR		
FRIENDS OF AARO	ON BERNSTINE			1-10		1 L/ LIK		
Mailing Address	438 LINE AVENUE			11	19	2022	\$	2,500.00
City ELLWOOD	CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16117	CONTRI	BUTION			
To Whom Paid					DAY	VEAD		
CITIZENS BANK				МО	DAY	YEAR		
Mailing Address	PO BOX 42001			11	30	2022	\$	4.14
City PROVIDEN	CE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		RI	02940	SERVIC	E CHARGE			
To Whom Paid				МО	DAY	YEAR		
CLAYSVILLE AREA	BUSINESS ASSOCIA	TION (CABA)		МО	DAI	ILAK		
Mailing Address	PO BOX 522			12	5	2022	\$	1,000.00
City CLAYSVILL	.E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15323	PLATIN	JM SPONS	OR 12/13	3/22 HOLLI	DAY PARTY
To Whom Paid				МО	DAY	YEAR		
MATTHEW SIGLER				МО	DAI	ILAK		
Mailing Address	317 4TH AVE			12	10	2022	\$	400.00
City SUTERSVI	LLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15083	12/10/2 (MAGIC		MAS EVE	NT ENTERT	AINMENT

To Whom Paid			МО	DAY	YEAR				
PAM NADZAM-DEPACE									
Mailing Address 141 ANNE STREET			12	10	2022	\$	320.00		
City BADEN	State	Zip Code (Plus 4)	Description of Expenditure						
PA 15005				12/10/22 CHRISTMAS EVENT ENTERTAINMENT (FACE PAINTER)					
To Whom Paid			мо	DAY	YEAR				
MICHELLE MATHIS			МО	DAI	ILAK				
Mailing Address 1118 MOTOR ST			12	10	2022	\$	100.00		
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	16101	12/10/2	22 CHRIST	MAS EVE	NT- BARTE	NDING		
To Whom Paid			МО	DAY	YEAR				
RONALD BOWSER			МО		ILAK				
Mailing Address 1423 BUTLE	R RD		12	10	2022	\$	1,000.00		
City WORTHINGTON State Zip Code (Plus 4)				Description of Expenditure					
	PA	16262	12/10/22 CHRISTMAS EVENT- CATERING						
To Whom Paid			мо	DAY	YEAR				
JACK & SUSAN BOWSER			1-10		1 Z Aux				
Mailing Address 1423 BUTLE	R ROAD		12	12	2022	\$	1,752.77		
City WORTHINGTON	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	16262	12/10/22 CHRISTMAS EVENT- FOOD/EXPENSE REIMBURSEMENT						
To Whom Paid				l DAY	VEAD				
JONATHAN MAYAK			МО	DAY	YEAR				
Mailing Address 1136 ARROV	VHEAD DR		12	27	2022	\$	2,000.00		
City WASHINGTON	State	Zip Code (Plus 4)	Description of Expenditure						
PA 15301			CAMPAIGN TREASURER PAYMENT						
To Whom Paid			мо	DAY	YEAR				
LIBBY'S FINANCIAL SERVICES,	LLC		МО		ILAK				
Mailing Address 121 DAVIDS	ON LANE		12	27	2022	\$	4,000.00		
City ALIQUIPPA	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	15001	CAMPAIGN MGMT SERVICES						
To Whom Paid			МО	DAY	YEAR				
KISS THE COOK FOOD EXPERIENCES									
Mailing Address 1118 MOTOR	R ST		11	29	2022	\$	223.60		
City NEW CASTLE	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	16101	CATERER FOR CHRISTMAS EVENT						
To Whom Paid			МО	DAY	YEAR				
BEANA'S BAKERY									
Mailing Address 49 W HIGH ST			12	5	2022	\$	65.00		
City CARLISLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17013	DESSER	RT FOR CH	RISTMAS	EVENT			

							I		
To Whom Paid				мо	DAY	YEAR			
BEANA'S BAKERY  Mailing Address 49 W HIGH ST			12	5	2022	<b>\$</b>	65.00		
City CARL	ISLE	State	Zip Code (Plus 4)	1	tion of Exp		E) (ENT		
- 141 - 1		PA	17013	DESSER	T FOR CHI	RISTMAS	I		
To Whom Paid			мо	DAY	YEAR				
BEANA'S BAKERY  Mailing Address 40 W HICH ST			12	29	2022	<b>\$</b>	151.90		
Mailing Address 49 W HIGH ST									
City CARL	ISLE	State	Zip Code (Plus 4)	-	tion of Exp		D 011/54 DX	10 TN (1 ATER	
		PA	17013	CAMPAIGN BREAKFAST FOR SWEARING IN (LATER REFUNDED)					
To Whom Pai	d			МО	DAY	YEAR			
AMAZON			1410		ILAK				
Mailing Address 410 TERRY AVE. NORTH			12	6	2022	\$	169.52		
City SEAT	TLE	State	Zip Code (Plus 4)	Description of Expenditure					
		WA	98109	CHRIST	MAS EVEN	T SUPPLI	IES		
To Whom Pai	d			МО	DAY	YEAR			
CEDARS LEB	ANESE			MO		ILAK			
Mailing Addre	ess 2153 MARKET ST			12	9	2022	\$	91.54	
City CAMP	HILL	State	Zip Code (Plus 4)	Description of Expenditure					
PA 17011			CAMPAIGN LUNCH						
To Whom Pai	d			МО	DAY	YEAR			
BEAVER SUPERMARKET			М		ILAK				
Mailing Address 648 3RD ST			12	10	2022	\$	190.03		
City BEAV	City BEAVER State Zip Code (Plus 4)			Description of Expenditure					
		PA	15009	FOOD F	OR CHRIS	TMAS EVI	ENT		
To Whom Paid			мо	DAY	YEAR				
WINE AND SPIRITS			140		IZAK				
Mailing Address 730 OHIO RIVER BLVD			12	10	2022	\$	986.35		
City ROCH	IESTER	State	Zip Code (Plus 4)	Description of Expenditure  REFRESHMENTS FOR CHRISTMAS EVENT AND PRESENTS FOR SUPPO					
		PA	15074						
To Whom Doi	<u> </u>			PRESEN	I FOR SU	JPPO I	I		
To Whom Paid CLASSIC TENT AND PARTY RENTAL			мо	DAY	YEAR				
Mailing Address 6001 SOUTHERN BLVD STE 105			12	10	2022	\$	551.23		
City BOAR	DMAN	State	Zip Code (Plus 4)		EOD CHD		EVENT		
To Whom Pai	d	ОН	44512	INCINIAL	FOR CHRI	- CHING E	- V L IN I		
KLAFTERS INC			МО	DAY	YEAR				
Mailing Address 216 N BEAVER ST			12	10	2022	\$	693.96		
City NEW	CASTLE	State	Zip Code (Plus 4)	1	tion of Exp			TEDC	
PA 16101			COMPLEMENTARY GIFTS FOR SUPPORTERS						

To Whom Paid				DAY	YEAR			
MARY'S RESTAURANT			МО	DAI	ILAK			
Mailing Address 131 E LONG AVE			12	12	2022	\$	110.53	
City NEW CASTLE State Zip Code (Plus 4)			Description of Expenditure					
	PA	16101	CAMPAIGN LUNCH					
To Whom Paid			мо	DAY	YEAR			
COLDSPARK						_	05.60	
Mailing Address 307 FOURTH AVE #920			12	14	2022	\$	95.68	
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15222	UP-KEEP OF WEBSITE, CONSULTING					
To Whom Paid			МО	DAY	YEAR			
CEDARS LEBANESE			MO	DAT	TEAR			
Mailing Address 2153 MARKET ST			12	15	2022	\$	233.67	
City CAMP HILL	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17011	LUNCH WITH CAMPAIGN STAFF					
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	18,704.92		