# **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	OMMITTEE		LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	J	IOSHUA	KAIL	-								
Street Address:															
City:							State:				Zip Cod	<b>e:</b> 15	009		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	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.	5. 30 DAY P ELECTION			OST- 6.		TERMINATION REPORT?		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						мо	DAY	YEA	R	15	STH	REP			
REPRESENTAL	IVE IN THE GENER	KAL ASS	EMBLI				11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY	
Expenditures	s from:	1	11 29	20	)22 <b>T</b>	0	12	3	31	2022					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (From	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	s Receivo	ed (From S	chedul	e II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00					
				AFFI	[DAVI]	T SE	CTION								
	s a Committee rep		-					• •		-	-				
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, a	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Sig	natur	e of Person	Submitt	ing Rep	ort	
		re				-					Print	ed Name			
My Commission E	-					_					Email				
	мо	D	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amendo	that to the best of r	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							s	ignature of	<sup>F</sup> Candida	te		
			-~			-					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>11/29/2022</u> **To:** 12/31/2022 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:			Го:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
Γ								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			<b>D:</b>				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4	l)							
		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							
				То:						
				DA	TE		A	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, Sect							\$	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:			То:			
				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 Sche	on 3.			P#	<b>AGE TOTAL</b> 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 Candidat	Name of Filing Committee or Candidate			Reporting Period							
				From: To:							
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (	Plus 4)								
Receipt Description	•				•						
				PAGE TOTAL			TAL				
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section							\$		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 Perio	od									
JOSHUA KAIL	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>								
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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, 1		\$	0.00								

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
				From:			То:	
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai 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	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address			-				<b>\$</b> 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From			То:				
		DATE		AMOUNT							
To Whom Paid	мо	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				