Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

						I _			CAND	IDATE	1	-			LOBI	BYIST	
Filer Identificati Number :	on	20240	C0267				ported E		CAND	IDATE	*		OMMITTEE		СОВ	,1131	
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		JOS	SEPH	JAMI	L KHAN								
Street Address:																	
City:									State:				Zip Code	e: 18 ⁹	901		
TYPE OF REPORT	6TH TUES		1. X	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDME REPORT?	ENT	Yes	No	~
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST- 6. TERMINATIC REPORT?					Yes	No	~
report type)	ANNUAL	REPORT	7.	Year 2024					NG METH						DISKE	TTE	
Name of Office S	L Sought by	Candidat	:e:						DATE (TE OF ELECTION District Office Number Code					ty Code	County	
									МО							1	Code
ATTORNEY GEN	NERAL								1:	11 5 2024 (SEE INSTRUCTIONS FO						ONS FOR C	CODES)
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	YEA	\R	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			1 1	2	024	Т	0		3 4 2024							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00	1				
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	1 Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00]				
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(10	0.00)]				
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00	_				
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule IV	')			\$				0.00		'			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate ı	eport,	candida	ate sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20							Sig	jnature	e of Person	Submitti	ing Rep	ort	
		Signatur	·e					_					Printe	ed Name			
My Commission Ex	cpires	-											Email				
	,	мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							_					Printed	Name			
		Signature						_									
My Commission Exp													Email				
	_	мо	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
JOSEPH JAMIL KHAN	From:	1/1/202	<u>4</u> То:	3/4/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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	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			\$	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			Reporting Period					
		1	From:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Committee	ee		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	or Candidate		Rep	orting P	eriod			
			Froi	m:		To):	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
			- 1					
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4))				\$	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	0.00
Mailing Address							+	U	.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	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				
			Fror	om: To:					
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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		
JOSEPH JAMIL KHAN	From:	<u>1/1/2024</u> To:	<u>3/4/2024</u>
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					
						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	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			Reporti				
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL
Lines Grand Total of Expenditures (ni rage 1, kepoit C	over rage, Item I	<i>.</i>			\$	0.00