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	20240	C0237			Rep File	ort ed B		CAI	NDI	NDIDATE COMMITTEE LOBBYIST								
Name of Filing Committee, Candidate or Lobbyist: SAVAL, NIKIL																			
Street Address:	Street Address:																		
City:						State:				:				Zip Cod	e: 19	147			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE	- 2	2. X	30 DA		Р	OST-	3.		AMENDMI REPORT?		\			
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA	Y PRI	E- 5	5.	30 DA		Р	OST-	6.		TERMINATION Yes No REPORT?					√
report type)	ANNUAL R	REPORT	7.	Year 2024					IG ME					PAPER		/	DISKE	TTE	
Name of Office S	Sought by C	Candidat	e:						DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	١	YEAR	1	STS	DEM	1	51	
SENATOR IN TH	HE GENERA	AL ASSE	MBLY							11		5	2024		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	1	YEAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	from:			1 1	. 2	024	Т	0		4		8	2024						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts (Fror	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$					0.00]					
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	chedule I	/)			\$					0.00						
					AFF	IDA	VI	T SE	CTIC	N									
PART I - If this is	s a Commit	tee repo	rt, trea	surer sign	here.	If thi	is is	a Car	ndidat	e re	port, o	cand	lidate sig	jn here.					
I swear (or affirm) correct and complete		port, inclu	ıding the	attached so	hedule	s filed	d on	paper	or by e	lectr	onic m	ediu	m, are to t	the best of	my knov	vledge a	and beli	ef , tr	ue.
Sworn to and subs	cribed before	e me this		20						,			Signature	of Person	Submitt	ing Rep	ort		_
		Signatur						-						Print	ed Name	1			-
My Commission Ex	cpires	0.9	_							•				Email					-
	M	0	D#	ΛΥ	YR			_			Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	authorized	Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and bel	ief this	polit	ical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	worn to and subscribed before me this Signature of Candidate									-									
	day of —— —							_						Printed	Name				-
	_	gnature						-						E*					_
My Commission Exp	ires													Email					
		мо	DA	λΥ	YR	ł		•			Area	Code	e	Da	ytime To	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
SAVAL, NIKIL	From:	1/1/202	<u>4</u> To:	4/8/2024				
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	y 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 Commit	tee or Candidate	ee or Candidate				Reporting Period							
				From:			То	:					
			•			DATE			AMOUNT				
Full Name of Contributin	g Committee			М	0	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				Reporting Period						
			From:			To				
		·			DATE			AMOUNT		
Full Name of Contributor					DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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	ame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.0			
Mailing Address							- \$	0.0			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scheo	dule 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.)

lame of Filing Committee or Candidate				Reporting Period					
			Fron	From:			То:		
DATE					ATE	AMOUNT			
				мо	DAY	YEAR	\$	0.00	
Mailing Address									
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

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:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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		
SAVAL, NIKIL	From:	<u>1/1/2024</u> To:	<u>4/8/2024</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 Car	ndidate		Reporting Period						
			From:			To			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$	C	0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•					
					-				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	0	.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
		From:					To:			
						DATE			AMOUNT	
Full Name of Contributor	ame of Contributor					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	State Zip Code(Plus 4) Description of					ion of Contribution	on		
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions 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)	Description of Expenditure				
Enter Grand Total of Evnenditures on Dage 1 Deport Cover Dage Item I							PAGE TOTAL
Lines Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00