Campaign Finance Report

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

Filer Identificat	ion 2024	C0263			Repo		CA	NDI	DATE	\checkmark	C	OMMITTE	E	LOB	BYIST		
Number :					Filed	-		<u></u>									
Name of Filing C	Committee, Candid	late or L	obbyist:		JOSHU		NI BA:	SHLI	INE								
Street Address:	Street Address:																
City:							State: Zip Code: 16214										
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X		DAY 1ARY	P	POST- 3.			AMENDM REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				P	POST- 6.			TERMINATION REPORT?		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2024				(NG MI) CHEC					PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:					DAT	E O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cou	
							мо		DAY	YI	AR	63	STH	REF	,		
REPRESENTAT	IVE IN THE GENER	RAL ASS	EMBLY					11		5	2024	 	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of	Receipts and	мо	DAY	YEAR	2		мо		DAY	Y	EAR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		3 5	2	024	то		4		8	2024						
A. Amount Bro	ught Forward From	m Last R	eport			4	\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	9	\$				0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)			5	\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)			5	\$			2,5	500.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	9	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		9	\$				0.00						
				AFF	IDAV	IT SI	ECTI	NC									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this i	is a Ca	andida	te re	eport, o	candi	date si	gn here.					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedule	s filed o	n papei	r or by	electi	ronic m	edium	, are to	the best of	f my knov	/ledge	and bel	ief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							9	Signatur	e of Persor	n Submitt	ing Rep	oort		—
						_						Print	ted Name				-
My Commission E	Signatu xpires	ire										Emai	1				_
,	мо	D	AY	YR		_			Are	ea Coo	le		e Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candi	date s	hall	sian he	ere.							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and bel	ief this	, politica	l comr	nittee l	nas n	ot viola	ted ar	ıy provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	;3,
Sworn to and subscribed before me this Signature of Candidate										-							
	day of 											Printer	d Name				_
	Signature																
My Commission Exp	pires											Emai	il				
	мо	D	AY	YR	1	_			Area	Code		Da	aytime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JOSHUA KENT BASHLINE From: <u>3/5/2024</u> **To:** 4/8/2024 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 Candida	te		Rep	orting P	eriod					
			From: To			D:				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								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		A	MOUNT	
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 Schedule I, Detailed Summary Page, Section 3.							\$	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		АМ	IOUNT	
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#	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						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 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		
JOSHUA KENT BASHLINE	From:	<u>3/5/2024</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	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 R			Reporting Period						
	From:			То:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$	0.0		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	-	- !						
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL		
						\$	0.0		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$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)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
JOSHUA KENT BASHLINE					<u>3/</u>	<u>5/2024</u>	<u>4/8/2024</u>			
					DATE			AMOUNT		
To Whom Paid				мо	DAY	YEAR				
FRIENDS OF JOSH	BASHLINE									
Mailing Address	130 S 4TH AVE			1	12	2024	\$	2,500.00		
City CLARION		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		РА	16214	CONTR	IBUTION					
								PAGE TOTAL		
Enter Grand Tota	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,500.00		