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	2024	C0694				port ed B		CAND	IDATE	✓	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:				40NO	SKI		<u> </u>						<u> </u>	
Street Address:																		
City:									State:				Zip Code	17	043			
-											_							
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	_
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pre	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	
report type)	ANNUAL	. REPORT	7.	Year 2024					IG METH CHECK (PAPER		∀	DISKE	TTE	
Name of Office S	Sought by	, Candidat	·•·						DATE (OF ELE	CTI	DN NC	District	Office	Par	ty Code		у.
Name of Office 5	ought by	Candidat	.е.						МО	DAY	Υ	EAR	Number 103	Code STH	DEN	1	Code	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1:	1	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	Y	EAR	FOF	R OFFIC	E USE	ONLY		
Expenditures	from:			3 5	2	024	Т	0	4	4	8	2024						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$				0.00						
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 (I	From Sche	dule II	I)				\$			2,	379.71						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate ı	eport,	cand	idate sig	jn 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	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed bef day of	ore me this		20								Signature	of Person	Submitti	ing Rep	ort		-
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	cpires	oigilata.											Email					-
		мо	D	AY	YR			_		Ar	ea Co	de	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		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ited a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	,
Sworn to and subsc	ribed befo	re me this										s	ignature of	Candida	te			-
	day of —			_ 20				_										_
		C:						_					Printed	Name				
My Commission Exp		Signature											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	g Period		
JESSE MONOSKI	From:	<u>3/5/202</u>	<u>4</u> To:	4/8/2024
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 Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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.

From: To: DATE AMOUN Full Name of Contributor MO DAY YEAR Mailing Address City State Zip Code (Plus 4)	Name of Filing Comm	ittee or Candidate		Reporting	Period			
Full Name of Contributor MO DAY YEAR Mailing Address \$				From:		To	o:	
MO DAY YEAR Mailing Address \$			L		DATE			AMOUNT
	Full Name of Contributo	r		мо	DAY	YEAR		
City State Zip Code (Plus 4)	Mailing Address						\$	0.00
	City	State	Zip Code (Plus 4)					

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
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.)

Name of Filing Committee or Candidate	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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 Period		
JESSE MONOSKI	From:	3/5/2024 To:	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		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	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
JESSE MONOSKI	From	3/5/2024	То:	<u>4/8/2024</u>

				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
FACEBOOK			МО	DAI	ILAK			
Mailing Address			3	6	2024	\$	25.00	
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	CA	94025	CAMPAI	GN AD				
To Whom Paid			мо	DAY	YEAR			
FACEBOOK			M		ILAK			
Mailing Address			3 8 2024 \$ 25					
City MENLO PARK	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	94025	CAMPAI	GN AD				
To Whom Paid			мо	DAY	YEAR			
FACEBOOK			М		ILAK			
Mailing Address			3	9	2024	\$	25.00	
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
CA 94025				GN AD				
To Whom Paid			мо	DAY	YEAR			
FACEBOOK								
Mailing Address			3	10	2024	\$	25.00	
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	CA	94025	CAMPAIGN AD					
To Whom Paid			мо	DAY	YEAR			
FACEBOOK								
Mailing Address			3	12	2024	\$	4.87	
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	CA	94025	CAMPAI	GN AD				
To Whom Paid			мо	DAY	YEAR			
FACEBOOK								
Mailing Address			3	12	2024	\$	25.00	
City MENLO PARK	City MENLO PARK State Zip Code (Plus 4)		Descrip	tion of Exp	enditure			
CA 94025			CAMPAIGN AD					

								OL IZ				
To Wi	nom Paid	мо	DAY	YEAR								
STAP	LES											
Mailing Address					12	2024	\$	32.15				
City	CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
		PA	17011	OFFICE	SUPPLIES							
To Wi	nom Paid	мо	DAY	YEAR								
FACE	воок	MO	DAI	ILAK								
Mailing Address					13	2024	\$	25.00				
City	MENLO PARK State Zip Code (Plus 4)				Description of Expenditure							
		CA	94025	CAMPAI	GN AD							
To Whom Paid												
FACE	воок	МО	DAY	YEAR								
Mailing Address					6	2024	\$	25.00				
City	MENLO PARK	Description of Expenditure										
		CAMPAIGN AD										
To Wi	nom Paid			МО	DAY	YEAR						
FACE	воок			МО	DAY	YEAR						
Mailing Address					7	2024	\$	25.00				
City	MENLO PARK State Zip Code (Plus 4)				Description of Expenditure							
		CA	94025	CAMPAIGN AD								
To Wi	nom Paid			мо	DAY	YEAR						
FACEBOOK					DAT	TEAK						
Mailing Address					15	2024	\$	25.00				
City	MENLO PARK State Zip Code (Plus 4)				Description of Expenditure							
		CA 94025				CAMPAIGN AD						
To Whom Paid					DAY	YEAR						
FACEBOOK					DAI	ILAK						
Mailin	g Address			3	17	2024	\$	25.00				
City	MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
		CA 94025					CAMPAIGN AD					
To Wi	nom Paid	·	·	МО								
CANVA US, INC.					DAY	YEAR						
Mailing Address					19	2024	\$	15.89				
City	AUSTIN State Zip Code (Plus 4)			Description of Expenditure								
		TX	78702	DESIGN	SERVICES	5						
To W	nom Paid	мо	DAY	YEAR								
LAMA	R ADVERTISING COMPAN	140	DAT	ILAK								
Mailin	g Address	3	29	2024	\$	1,995.00						
City	LEMOYNE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I					
		PA	17043	BILLBO	ARD ADVE	RTISING						
		•	•	•								

To Whom Paid	МО	DAY	YEAR							
FACEBOOK	1-10		ILAK							
Mailing Address	3	31	2024	\$	25.00					
City MENLO PAR	MENLO PARK State Zip Code (Plus 4)				Description of Expenditure					
		CA	94025	CAMPAIGN AD						
To Whom Paid					DAY	YEAR				
SQUARESPACE INC	МО	DAI	ILAK							
Mailing Address					1	2024	\$	24.38		
City NEW YORK	CITY	State	Zip Code (Plus 4)	Description of Expenditure						
		NY	10014	WEBSIT	E SERVIC	ES .				
To Whom Paid					DAY	YEAR				
FACEBOOK					DAI	ILAK				
Mailing Address					5	2024	\$	25.00		
City MENLO PAR	MENLO PARK State Zip Code (Plus 4)				Description of Expenditure					
	CA 94025 CAMPAIGN AD									
To Whom Paid					DAY	YEAR				
SQUARESPACE INC	МО		ILAK							
Mailing Address					5	2024	\$	7.42		
City NEW YORK	CITY	State	Zip Code (Plus 4)	Description of Expenditure						
		NY	10014	WEBSIT	E SERVICI	ES .				
								PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								2,379.71		