Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

			4C0241				
NAME OF FILING COMMI	TTEE, CANDIC	DATE OR LOB	BYIST	JOSHUA KAI	ïL		
STREET ADDRESS							
CITY			STATE		ZIP CODE	15009	
TYPE OF REPORT	30-Day Post-	Primary	•				
NAME OF OFFICE SOU	GHT BY CAN	DIDATE	REPRESENT ASSEMBLY	TATIVE IN THE	GENERAL		
DISTRICT CODE	15			PA	RTY CODE REP		
DATE OF ELECTION	:	11/5/2024				_	
DATES OF REPORTING	PERIOD		4/9/2024	то	5/13/2024		For Office Use Only
AMENDMENT REPORT?	<u> </u>	NO	TERI	MINATION RE	PORT? NO		
CASH BALANCE AT PERIOD:	THE END OF	REPORTING	ā	0.00			
TOTAL AMOUNT OF DEBTS OR LIABILIT REPORTING PERIO	TIES AT THE			0.00			
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AREA CODE

DAY

MY COMMISION EXPIRES

DAYTIME TELEPHONE NUMBER