### **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	0263				Repor Filed		CAN	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, C	Candida	te or Lo	obbyis	st:	J(	OSHU.	A KEN	T BAS	HLI	NE .								
Street Address:																			
City:									State	:				Zip Cod	<b>e:</b> 16	214			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 DA		POST- 3.			AMENDMI REPORT?	ENT	Yes	N	0	<b>\</b>	
(place X to the right of	6TH TUESDA PRE-ELECTIO		4. <b>X</b>	2ND ELEC		PRE-	5.	30 DA					TERMINA REPORT?	TERMINATION REPORT?		N	0	<b>\</b>	
report type)	ANNUAL RE	PORT	7.	Year	2024				FILING METHOD  ( ) CHECK ONE					PAPER		<b>\</b>	DISK	ETTE	
Name of Office S	ought by Ca	ındidate	e:				-		DATE	E OI	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Code	Code	
REPRESENTATI	VE IN THE (	GENIED/	NI	EMRI	v				МО		DAY	•	YEAR	63	STH	REF	)		
REFRESENTATI	VE IN THE	JENERA	AL A33	LINDL	.1					11		5	2024		(SEE INS	STRUCTI	ONS FOR	CODES	5)
Summary of		ınd	МО	DA	lΥ	YEAR			МО		DAY	,	YEAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	Trom:			5	14	20	24 1	ГО		9		16	2024						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	itions A	nd Rec	eipts	(From	Sched	ule I)	\$					0.00						
C. Total Funds	Available (S	um Of I	Lines A	and E	3)			\$					0.00						
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00							
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	From S	Sched	ule IV)	)		\$					0.00		,				
						AFFI	DAV:	T SE	CTIO	N									
PART I - If this is	a Committe	ee repo	rt, trea	surer	sign h	ere. If	this i	s a Cai	ndidate	e re	port, c	cano	didate si	gn here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attacl	hed sch	edules 1	filed on	paper	or by e	lectr	onic m	ediu	ım, are to	the best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20						•			Signatur	e of Person	Submitt	ing Re	ort		_
		Signature		-				_		•				Print	ed Name	1			_
My Commission Ex		, ignatur	-							-				Email					-
	мо	1	DA	ΑY		YR					Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	autho	rized (	Commi	ittee, (	Candid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	edge aı	nd belie	f this p	olitical	comm	ittee ha	as no	ot viola	ted a	any provis	sions of the	act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		ne this											s	ignature o	f Candida	ite			-
	day of ——			20 -				_						Printed	l Name				-
	Sigr	nature						_		_									_
My Commission Exp	_													Email					
	-	мо	DA	AY		YR		_			Area	Cod	e	Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
JOSHUA KENT BASHLINE	From:	<u>5/14/202</u>	<u>4</u> To:	9/16/2024
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						
		'	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.

0.00

### 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)

(Excidue com		om pontic	car commi	ttees	·Cp	orteu i	in raic	<b>-</b> ,		
Name of Filing Committee or Cand	idate			Reportir	ng Po	eriod				
				From: To			<b>)</b> :			
			•			DATE			AMOUNT	,
Full Name of Contributor				МС	)	DAY	YEAR			
Mailing Address								\$	(	0.00
City	State	Zip (	Code (Plus 4)							
									PAGE TOTA	\L

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		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	TAL
inter Grand Total of Part C on Schedule I, Detailed Summary 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	ame of Filing Committee or Candidate			Rep	orting Pe	riod			
						From:			
	DATE						AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State Zip Code (Plus 4)								
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Place of Business City					•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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	Name of Filing Committee or Candidate			ing Peri	od		Reporting Period						
			From:			То:							
				C	ATE			AMOUNT					
Full Name				мо	DAY	YEAR	\$	0.00					
Mailing Address							7						
City	State	Zip Code (F	Plus 4)										
Receipt Description	<b>.</b>	•		•	•	•							
Embay Cyand Tatal of Days	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL					
enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Perio	d					
JOSHUA KENT BASHLINE	From:	<u>5/14/2024</u> <b>To:</b>	9/16/2024				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate	ame of Filing Committee or Candidate			Reporting Period					
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				<b> </b>		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	ame of Filing Committee or Candidate			Rep	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 Place of Business City					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	ame of Filing Committee or Candidate			Reporting Period				
	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 Page 1 Penert Cover Page Item I							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			<b>,</b> .			\$	0.00	