### **Campaign Finance Report**

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

						ı						_			1	LODI	VICT		
Filer Identificati Number :	on	2024	C0304				port ed B		CAN	NDI	DATE	<b>√</b>	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		JAM	1ES \	WALS	Н										
Street Address:																			
City:									State	:	<b>Zip Code:</b> 18656								
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	<b>-</b>	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	<b>/</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					NG ME					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	ought by	, Candidat	e:						DAT	ΕO	F ELE	CTIC	DN NC	District Number	Office Code	Par	ty Code	Coun	
nume or office o	ought by	Currara							МО		DAY	Υ	EAR	117	STH	REP		Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	,
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО		DAY	Y	EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			9 17	2	024	Т	0		10	2	21	2024						
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport	•			\$	•			(9,5	510.00)	1					
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$				9,	510.23						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$					0.00		'				
					AFF	ID	AVI	T SE	CTIC	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	andi	idate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by e	lecti	ronic me	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tru	1e
Sworn to and subs	cribed bef	ore me this		20								;	Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	re	_				-						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		мо	D	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		╝
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot violat	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this											s	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
	:	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	<b>1</b>		•			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		
JAMES WALSH	From:	9/17/2024	<u>4</u> To:	10/21/2024
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)			\$	9,510.23
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	9,510.23
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	9,510.23

#### **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 Candida	ite		Reporting	Period			
			From:		То	<u>:</u>	
				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	<b>o</b> :	
		I		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
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	Period						
JAMES WALSH	From:	9/1	7/2024	То:	10/21/2024		
	DA	AMOUNT					
Full Name of Contributing Committee				мо	DAY	YEAR	
WALSH FOR PA - PA							<b>\$</b> 7,010.23
Mailing Address 8 POST OFFICE ROAD			10	8	2024	ŕ	
City SWEET VALLEY	State	Zip Code	(Plus 4)			202.	
	PA	18656					
Full Name of Contributing Committee				мо	DAY	YEAR	
WALSH FOR PA - PA					JA.		<b>\$</b> 2,500.00
Mailing Address 8 POST OFFICE ROA	D			5	17	2024	_,
City SWEET VALLEY	State	Zip Code	(Plus 4)			202.	
	PA	18656					

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$ 

**PAGE TOTAL \$** 9,510.23

### 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		Rep	orting Pe	riod						
F							Te	):		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
ailing Address										
City	State	Zip	Code (Plus	s 4)						
Employer Name					Occupation					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary 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	Name of Filing Committee or Candidate		Report	ting Peri	od				
			From:			To:			
				C	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address	_						$\neg$		
City	State	Zip Code (	Plus 4)						
Receipt Description	•	•		•	•	•	•		
			<b>.</b> .:	_				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	od	
JAMES WALSH	From:	<u>9/17/2024</u> <b>To:</b>	10/21/2024
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	TF)		
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	Reporting Period							
		From:		To:	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	Re	porting	Period							
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
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)	Descrip	tion of Exp	enditure		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00