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	C0241				port		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee,	, Candida	ate or Lo	obbyist:		JOS	SHUA	KAIL										•	
Street Address:																			
City:									State:	:				Zip Code	: 150	009			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		\checkmark
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5. X	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\checkmark
report type)	ANNUAL I	REPORT	7.	Year 2024					IG MET					PAPER		\	DISKE	TTE	
Name of Office S	ought by	Candidat	te:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
353505NITATI	- - '- '- The Tile	- CENED	*** ***	=:4517					МО		DAY	YEAF	2	15	STH	REP	,		
REPRESENTATI	VE IN THE	: GENEK	AL ASS	FMRLA						11 5 2024 (SEE INSTRUCTIONS FOR							ONS FOR (CODES	,
Summary of		and	МО	DAY	YEAR	ł .			МО		DAY	YEAI	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 17	2	024	T	0		10	2	21 2	024						
A. Amount Bro	ught Forw	ard From	າ Last R	eport				\$				(0.00						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (From	Sche	dule	e I)	\$				(0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				(0.00						
D. Total Expend	ditures (Fr	om Sche	dule III	I)				\$				C	0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (2)			\$				C	.00						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From So	chedu	le I	I)	\$				C	.00						
G. Unpaid Debt	s And Obli	igations	(From S	Schedule IV)			\$				C	0.00		'				
					AFF	ID	AVI	T SE	CTIO	Ν									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign l	here.	If th	his is	a Car	didate	e re	port, c	andidat	te sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	uding the	e attached sch	nedules	s file	ed on	paper	or by el	ectr	onic me	edium, aı	e to t	the best of i	my know	/ledge	and beli	ef , tr	ie'
Sworn to and subs	cribed befor	re me this		20								Sigr	ature	of Person	Submitti	ing Rep	ort		-
		<u> </u>						- -						Printe	d Name				-
My Commission Ex	pires	Signatur	е							-				Email					-
	M	10	DA	AY	YR			_			Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted any p	rovisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											Si	ignature of	Candida	te			-
	day of —— –							_						Printed	Name				-
	Si	ignature						-		_				rimeu	Name				_
My Commission Exp		-												Email					
		мо	Di	AY	YR	1		-			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		
JOSHUA KAIL	From:	9/17/202	<u>4</u> To:	10/21/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	g 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Car	ndidate	F	Reporting	Period			
		F	From:		То	•	
				DATE			AMOUNT
Full Name of Contributing Commit	tee		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.

		F	rom:		To	o:	
				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			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
Enter Grand Total of Part C on Scheo	lule 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	nme of Filing Committee or Candidate							
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'				•			
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 KAIL	From:	<u>9/17/2024</u> To:	10/21/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	lame of Filing Committee or Candidate					Reporting Period					
	From:			То:							
				DATE			AMOUNT				
Full Name of Contributor			мо	DAY	YEAR						
Mailing Address		_				 		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	Name of Filing Committee or Candidate					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 _l	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		
Enter Grand Total of Expenditures	on Dage 1. Benert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00