### **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	0023			Rep File	oort		CAN	DII	DATE		СОМ	1ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	ND:	S OF	JOSH E	3AS	SHLINE									
Street Address:	130 S 4TH AV	'E																	
City:	CHARION							State:		PA			<b>Zip Code:</b> 16214						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes	No	1		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- 5	5.	30 DA		P	OST-	6. <b>X</b>		TERMINA REPORT		Yes	No	`		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG MET CHECK					PAPER		<b>\</b>	DISKE	TTE		
Name of Office S	Sought by Candida	te:	-		-			DATE	O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Count	y	
	,							МО		DAY	YE	AR	Number	code			coue		
									11		5	2024		(SEE IN	ISTRUCTI	ONS FOR O	CODES)		
	Receipts and	МО	DAY	YEAR	R			МО		DAY	YE	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		10 22	2	024	T	0		11	2	25	2024							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_			7,2	255.55							
B. Total Monetary Contributions And Receipts (From Schedu							\$				3,4	150.00							
C. Total Funds Available (Sum Of Lines A and B)							\$				10,7	705.55							
D. Total Expen	ditures (From Scho	edule II	I)				\$				8	869.20							
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				9,8	36.35							
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II	)	\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00			•				
				AFF	IDA	١٧٧	T SE	CTIO	N										
	s a Committee rep	-	_									_						Ц	
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	nedules	s filed	d on	paper	or by ele	ectr	onic me	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	e,	
Sworn to and subs	cribed before me this day of	•	20						•		S	ignature	of Perso	n Submit	ting Rep	ort		-	
	- ——		_				- -		-				Prin	ted Name	e			-	
My Commission Ex	Signatu opires	re							-				Ema	il				-	
	МО	D	AY	YR			_		•	Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		-	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee ha	s no	ot violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before me this											Si	ignature o	of Candid	ate			-	
	day of		_ 20				-						Printe	d Name				-	
	Signature						-												
My Commission Exp	<del>-</del>								-				Ema	il	_	_			
	МО	D	AY	YR	l		•			Area	Code		Da	aytime T	elephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOSH BASHLINE	From:	10/22/2024	<u>4</u> То:	11/25/2024
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)			\$	450.00
TOTAL for the Reporting	) Period	(2)	\$	450.00
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)			\$	3,000.00
TOTAL for the Reporting	) Period	(3)	\$	3,000.00
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			\$	3,450.00

#### **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 C	andidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		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.

## 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)

Name of Filing Committee or Candidate  Reporting Period								
FRIENDS OF JOSH BASHLINE			Fron	n:	10/22/	2024 <b>T</b> o	To: 11/25/2024	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
GUY STEELE								
Mailing Address 307 RIDGEWOOD	ROAD						\$	100.00
City SHIPPENVILLE	State	Zip Code (Plus 4	)	10	29	2024		
	PA	16254						
Full Name of Contributor				мо	DAY	YEAR		
AH KHARE					2711			
Mailing Address 5 LESLIE BLVD							\$	100.00
City WARREN	State	Zip Code (Plus 4	)	10	23	2024		
	PA	16365						
Full Name of Contributor				мо	DAY	YEAR		
JILL R OVER & amp; RONALD L OVER					571.			
Mailing Address P.O. BOX 391							\$	250.00
City SHIPPENVILLE	State	Zip Code (Plus 4	)	10	23	2024		
	PA	16254						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 450.00

#### **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			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			R	eporting Pe	riod					
FRIENDS OF JOSH BASHLINE			F	rom:	10/22/2	<u>024</u> To	<b>:</b>	11/25/2024		
				D/	ATE		AN	MOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	2,000.00		
THERON MILES					2711		_  →	2,000.00		
Mailing Address 97 OAK RIDGE DRIV	/E				5	2024				
City CLARION	State	Zip Code	(Plus 4)							
	PA	16214								
Employer Name MILES BROTHERS LLC				Occupat	Occupation MAN			AGING DIRECTOR		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)		
SOUTH SHERIDAN ROAD CLARION			PA		16214					
Full Name of Contributor		-		мо	DAY	YEAR				
STEPHEN C ALLISON & amp; F DIANE H	ARTMAN			MO	DAT	TEAR	\$	500.00		
Mailing Address 230 STAHLMAN DRI	VE			10	29	2024				
City CLARION	State	Zip Code	(Plus 4)		2	2021				
	PA	16214								
Employer Name WALMART CORPORAT	ION			Occupat	tion	DRIVER	/OPERAT	ΓOR		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)		
63 PERKINS ROAD		CLAR	ION		PA		16214			
Full Name of Contributor				мо	DAY	YEAR				
GUY BERKEBILE				МО	DAY	TEAK	\$	500.00		
Mailing Address 1185 PENNINSULA				10	24	2024				
City CENTRAL CITY	State	Zip Code	(Plus 4)		'	-0-				
	PA	15926					l			
Employer Name GUY CHEMICAL CO. II	NC.			Occupat	tion	PRESID	ENT			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)		
150 DOMINION DR		SOME	RSET		PA		15501			
							P	AGE TOTAL		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary P	age, Sec	ction 3.						
							<b>\$</b>	3,000.00		

## 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				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 Peri	od	
FRIENDS OF JOSH BASHLINE	From:	<u>10/22/2024</u> <b>To:</b>	<u>11/25/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	۲	
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	illing Address  y State Zip Code (Plus 4)			Reporting Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		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	ımary 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				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	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	Reporting F	Period		
FRIENDS OF JOSH BASHLINE	From	10/22/2024	То:	11/25/2024

				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
META CORPORATION (FAC	CEBOOK)								
Mailing Address 1 HAC	KER LANE		10	28	2024	\$	109.03		
City MENLO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	CA	94025	CAMPAI	GN ADVER	TISEMEN	ΙΤ			
To Whom Paid			мо	DAY	YEAR				
DOLLAR TREE			MO	DA1	ILAK				
Mailing Address 90 CLA	ARION PLAZA		11	4	2024	\$	29.15		
City CLARION	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	16214	CAMPAI	GN FUND	RAISER				
To Whom Paid			мо	DAY	YEAR				
ALDI			140		ILAK				
Mailing Address 22827	ROUTE 68		11	4	2024	\$	79.71		
City CLARION	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	16214	CAMPAI	GN FUND	RAISER				
To Whom Paid			мо	DAY	YEAR				
RRR ROADHOUSE			МО	DAT	TEAR				
Mailing Address 22631	ROUTE 68		11	5	2024	\$	270.30		
City CLARION	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı			
	PA	16214	CAMPAI	GN FUND	RAISER				
To Whom Paid			мо	DAY	YEAR				
SPRINGHILL SUITES			MO	DAI	ILAK				
Mailing Address 3535 (	GETTYSBURG ROAD		11	24	2024	\$	165.39		
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l			
	PA	17011	HOTEL I	EXPENSE					
To Whom Paid			мо	DAY	YEAR				
PENN HARRIS HOTEL			МО		ILAK				
Mailing Address 11550	CAMP HILLS BYPASS		11	5	2024	\$	175.38		
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
	PA	16214	HOTEL I	EXPENSE					
			-						

To Whom Paid  META CORPORATION (FACEBOOK)  Mailing Address 1 HACKER LANE			МО	DAY	YEAR		
			МО				
			11	25	2024	\$	40.24
City MENLO PARK	State	Zip Code (Plus 4)	Description of Expenditure				
	CA	94025	CAMPAIGN ADVERTISEMEN			IT	
							PAGE TOTAL
Enter Grand Total of Evnen	diameter and Daniel 4 D						
nter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D	•			\$	869.20
Linter Grand Total of Expen	altures on Page 1, R	teport Cover Page, Item D	•			\$	869.20
Enter Grand Total of Expen	altures on Page 1, R	Report Cover Page, Item D				\$	869.20
Enter Grand Total of Expen	altures on Page 1, R	teport Cover Page, Item D				\$	869.20
Enter Grand Total of Expen	altures on Page 1, R	Report Cover Page, Item D	•			\$	869.20
Enter Grand Total of Expen	altures on Page 1, R	Report Cover Page, Item D				\$	869.20
Enter Grand Total of Expen	altures on Page 1, R	Report Cover Page, Item D				\$	869.20