Campaign Finance Report

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

| Filer Identificat Number : | ion 2024 | C0856 | | | Repor Filed | | CAN | DIDA | re , | / | OMMITTE | E | LOB | BYIST | |
|---|---|------------|-----------------------|---------|----------------|--------------|------------------|---------|--------|-------------|--------------------|------------------------|---------|----------|----------------|
| | Committee, Candid | ate or L | obbyist: | | | - | IES MAT | THEW | V | | | | | | |
| Street Address: | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | le: 15 | 136 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 D PRIM | DAY 1ARY | POS | T- 3 | | AMENDM REPORT? | | Yes | No |) Y |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | E- 5. | 30 D ELEC | DAY CTION | POS | T- 6 | . X | | TERMINATION REPORT? | | No | ° ▼ |
| report type) | ANNUAL REPORT | 7. | Year 2024 | | | | ING MET CHECK | | | | \checkmark | DISK | TTE | | |
| Name of Office | L Sought by Candida | te: | | | | | DATE | OF E | LEC | ION | District Number | Office Code | Par | ty Code | County Code |
| | | | EMPLY | | | | мо | DA | Y | YEAR | 45 | STH | REF |) | 02 |
| REPRESENTAT | IVE IN THE GENER | KAL ASS | EMBLI | | | | : | 1 | 5 | 202 | 4 | (SEE INS | TRUCTI | ONS FOR | CODES) |
| Summary of Receipts and MO DAY YEAR | | | | | | | мо | DA | Y | YEAR | FO | R OFFIC | E USE | ONLY | |
| Expenditure | s from: | | 10 22 | 2 | 024 | ГО | : | 11 | 25 | 202 | 4 | | | | |
| A. Amount Bro | ought Forward Fror | n Last R | eport | | | 4 | \$ | | (79 | 9,480.35 |) | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I | | | | | | | \$ | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | (79 | 9,480.35 |) | | | | |
| D. Total Expen | D. Total Expenditures (From Schedule III) | | | | | | \$ | | | 6,751.05 | 5 | | | | |
| E. Ending Cast | n Balance (Subtrac | t Line D | From Line | C) | | | \$ | | (86 | 5,231.40) |) | | | | |
| F. Value Of In- | Kind Contributions | s Receiv | ed (From S | chedu | le II) | | \$ | | | 6,251.05 | 5 | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | () | | 5 | \$ | | | 0.00 | | | | | |
| | | | | AFF | IDAV | IT SI | ECTIO | N | | | | | | | |
| | s a Committee rep | • | - | | | | | • | • | | - | | | | |
| I swear (or affirm correct and comp |) that this report, incl lete. | luding the | e attached sc | hedule | s filed or | ı papeı | r or by ele | ectroni | c med | ium, are to | the best of | f my knov | vledge | and bel | ief , true |
| Sworn to and sub | scribed before me this day of | 5 | 20 | | | | | | | Signatu | re of Persoi | n Submitt | ing Rep | port | |
| | Signatu | re | | | | _ | | | | | Print | ted Name | | | |
| My Commission E | - | | | | | | | | | | Emai | il | | | |
| | мо | D | AY | YR | | | | | Area | Code | Daytim | e Teleph | one Nu | mber | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nittee, (| Candio | date sha | ll sigi | n her | е. | | | | | |
| I swear (or affirm No 320) as amend |) that to the best of n ed. | ny knowl | edge and beli | ef this | politica | l comr | nittee ha | s not v | iolate | d any prov | isions of the | e act of Ju | ine 3,1 | 937 (P.I | . 1333, |
| Sworn to and subs | cribed before me this day of | | 20 | | | | | | | | Signature o | of Candida | ite | | |
| | | | | | | | | | | | Printe | d Name | | | |
| My Commission Ex | Signature | | | | | | | | | | Emai | il | | | |
| | | | | | | | | | | | | | Jan's - | • N ' | |
| | MO | D | AY | YR | L | | | A | rea Co | ue | Da | aytime Te | epnor | e Numb | ber |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | | | | |
|--|---|------------------|--------------|-------------------|--|--|--|
| JULIUS, JAMES MATTHEW | From: | <u>10/22/202</u> | <u>4</u> To: | <u>11/25/2024</u> | | | |
| 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) | Contributions Received From Political Committees (Part A) | | | | | | |
| All Other Contributions (Part B) | \$ | 0.00 | | | | | |
| TOTAL for the Reporting | (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 | J Period | (3) | \$ | 0.00 | | | |
| 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 | | | \$ | 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 Candidat | e | | Re | porting | Period | | | |
|--|-------|------------------|-----|-----------|--------|----|------|------------|
| | | | Fro | From: To: | | | 1 | |
| | | | | | AMOUNT | | | |
| Full Name of Contributing Committee | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| | | | | | | | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | \$ | 0.00 | |

| 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. (Exclude contributions from political committees reported in Part A) | | | | | | | | |
|---|---|---|----------|----|------|--------|----|------------|
| Name of Filing Committee or Candidate Reporting Period | | | | | | | | |
| | | | From: To | | | »: | | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | _ | _ | | | | | \$ | 0.00 |
| City State Zip Code (Plus 4) | | | | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 |

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 | | A | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.00 |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | |
| | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | \$ | 0.00 |

PART D 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.)

| me of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--|-------------------------|---|--|--|--|---|---|--|
| | | From: | | | Т | То: | | |
| | | | D | ATE | | AM | OUNT | |
| | | | мо | DAY | YEAR | \$ | 0.00 | |
| | | | | | | | | |
| State | Zip Code (Plu | s 4) | | | | | | |
| • | | | Occupation | | | | | |
| ce of Business | City | | | State | | Zip Code | (Plus 4) | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | GE TOTAL 0.00 | |
| | State ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City | From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State | From: To DATE DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second of | From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code | |

PART E **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 Peric | d | | | | |
|---|-------|------------|---------|-----------|-----|---------|-----|--------|------|
| | | | From: | | | То: | : | | |
| | | | | D | ATE | | | AMOUNT | r |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | · | • | | | | | • | | |
| | | | | | | PAGE TO | TAL | | |
| nter 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Peric | bd | | | | | | |
|---|-----------------|------------------------------|-------------------|--|--|--|--|--|
| JULIUS, JAMES MATTHEW | From: | <u>10/22/2024</u> To: | <u>11/25/2024</u> | | | | | |
| . UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | | | | | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | |
| TOTAL for the Reporting Pe | riod (3) | \$ | 6,251.05 | | | | | |
| 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, 3 | | \$ | 6,251.05 | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name 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 Sched Section 2. | iled Sum | mary Pag | e, | | PAGE TOTA | <u>، ۱</u> | | |
| | | | | | | \$ | | 0.00 |

PAGE 10

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | g Period | | | |
|--|---------------|-----|------------------|-------|---------|------------------|-----------------------------|----------------------|-----------------|
| JULIUS, JAMES MATTHEW | | | | Fro | m: | <u>10/22/202</u> | 2 <u>4</u> To: | o: <u>11/25/2024</u> | |
| | | | | | | DATE | AMOUNT | | |
| Full Name of Contributor James Julius | | | | | мо | DAY | YEAR | | |
| Mailing Address 520 E Main St, Ste 200 | | | | | 1: | 1 25 | 2024 | \$ | 6,251.05 |
| City Carnegie | State | | Zip Code(Plus 4) | | | | | | |
| | PA | | 15106 | | | | | | |
| Employer of Contributor VISIMO | | | | | Occu | pation C | EO | | |
| Employer Mailing Address/Principal Plac | e of Business | Cit | ty | State | e Zi | ip Code(Plus 4) | Description of Contribution | | of Contribution |
| 520 E Main St, Ste 200 | | Ca | arnegie | PA | 1 | 5106 | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | | | | | | | PAGE TOTAL | | |
| Summary Page, Section 3. | | | | | | 6,251.05 | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | | | |
|--|---------------------------------------|-------------------|----------------------------|-------------------------------|---------------|--------|-------------------|--|--|--|
| JULIUS, JAMES MATTHEW | | | From | <u>10/22</u> | 2/2024 | То: | <u>11/25/2024</u> | | | |
| | | | | DATE | | | AMOUNT | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Meta Platforms Inc. | | | | | | | | | | |
| Mailing Address 1 Meta Way | | | 11 | 24 | 2024 | \$ | 251.72 | | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | CA | 94025 | Meta Ac | Meta Ads | | | | | | |
| To Whom Paid Meta Platforms Inc. | | | мо | DAY | YEAR | | | | | |
| Mailing Address 1 Meta Way | | | 11 | 4 | 2024 | \$ | 600.00 | | | |
| City Menlo Park | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | СА | 94025 | Meta Ads | | | | | | | |
| To Whom Paid Meta Platforms Inc. | | | | DAY | YEAR | | | | | |
| Mailing Address 1 Meta Way | Mailing Address 1 Meta Way | | | 3 | 2024 | \$ | 300.00 | | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descrip | l tion of Exp | l enditure | | | | | |
| | СА | 94025 | Meta Ads | | | | | | | |
| To Whom Paid Meta Platforms Inc. | | | мо | DAY | YEAR | | | | | |
| Mailing Address 1 Meta Way | | | 11 | 2 | 2024 | \$ | 600.00 | | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | СА | 94025 | Meta Ac | ls | | | | | | |
| To Whom Paid Meta Platforms Inc. | | | мо | DAY | YEAR | | | | | |
| Mailing Address 1 Meta Way | | | 11 | 1 | 2024 | \$ | 600.00 | | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | I | | | | |
| | СА | 94025 | Meta Ac | ls | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| leta Platforms Inc. | | | | | | | | | | |
| ailing Address 1 Meta Way | | 10 | 31 | 2024 | \$ | 300.00 | | | | |
| City Menlo Park | ty Menlo Park State Zip Code (Plus 4) | | | 4) Description of Expenditure | | | | | | |
| CA 94025 | | | | Meta Ads | | | | | | |

| To Whom Paid | | | мо | DAY | YEAR | | | | |
|---|-------------------|-------------------------------|----------------------------|-------------|----------|--------|--------|--|--|
| Meta Platforms Inc. | | | | | | | | | |
| Mailing Address 1 Meta Way | | | 10 | 30 | 2024 | \$ | 600.00 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | CA | 94025 | Meta Ad | ls | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Meta Platforms Inc. | | | | | | | | | |
| Mailing Address 1 Meta Way | | | 10 | 29 | 2024 | \$ | 300.00 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | СА | 94025 | Meta Ad | ls | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Meta Platforms Inc. | | | MO | | | | | | |
| Mailing Address 1 Meta Way | | | 10 | 28 | 2024 | \$ | 600.00 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| CA 94025 | | | | ls | | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | |
| Meta Platforms Inc. | MO | | | | | | | | |
| Mailing Address 1 Meta Way | 10 | 27 | 2024 | \$ | 300.00 | | | | |
| City Menlo Park | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | | |
| | CA | 94025 | Meta Ads | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Meta Platforms Inc. | | | MO | DAT | TEAR | | | | |
| Mailing Address 1 Meta Way | | | 10 | 26 | 2024 | \$ | 600.00 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | CA | 94025 | Meta Ads | | | | | | |
| To Whom Paid | | | MO DAY YEAR | | | | | | |
| Meta Platforms Inc. | | | мо | | TLAK | | | | |
| Mailing Address 1 Meta Way | | | 10 | 25 | 2024 | \$ | 600.00 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | CA | 94025 | Meta Ad | ls | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Meta Platforms Inc. | | | no | | | | | | |
| Mailing Address 1 Meta Way | | | 10 | 24 | 2024 | \$ | 262.42 | | |
| City Menlo Park | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| CA 94025 | | | | ls | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Meta Platforms Inc. | | | | | | | | | |
| Mailing Address 1 Meta Way | | 10 | 22 | 2024 | \$ | 300.00 | | | |
| City Menlo Park State Zip Code (Plus 4) | | 4) Description of Expenditure | | | | | | | |
| | 94025 | Meta Ads | | | | | | | |

| To Whom Paid | | | мо | DAY | YEAR | | |
|---|-------|-------------------|----------------------------|-----|------|----|------------|
| Friends of James Julius | | | MO | | TEAR | | |
| Mailing Address 14 Hodgkiss Drive | | | 10 | 29 | 2024 | \$ | 500.00 |
| City McKees Rocks | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 15136 | Loan Advancement | | | | |
| To Whom Paid | | | | DAY | YEAR | | |
| Microsoft | | | MO | | | | |
| Mailing Address One Microsoft Way | | | 11 | 5 | 2024 | \$ | 36.91 |
| City Redmond | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | WA | 98052 | Email | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| | | | | | | \$ | 6,751.05 |