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	C0906				port ed B		CANI	DII	DATE	√	CO	MMITTEE		LOBBYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		KOI	NCH/	AR, JL	JSTIN I	DA	NIEL							
Street Address:																		
City:									State:					Zip Code	e: 16	045		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes No		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA ELECT		Р	OST-	6. >	K	TERMINATION Yes No REPORT?				
report type)	ANNUAL	. REPORT	7.	Year 2024					IG MET CHECK				PAPER DISKET					
Name of Office S	ought by	Candidat	e:			-			DATE	OI	F ELEC	СТІ	ON	District Number	Office Code	Party Code	County Code	
REPRESENTATI	VE IN TE	IE GENER	ΔΙ Δςς	EMRI V					МО		DAY	Y	YEAR	11	STH	LIB		
KEIKESENTATI	VL IIV II	IL GLIVER	AL ASS	LINDET					1	11		5	2024		(SEE INS	STRUCTIONS FOR	CODES)	
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	١	YEAR	FOF	OFFIC	E USE ONLY		
Expenditures	rrom:		=	10 22	2	024	Т	0		11	2	25	2024					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00					
B. Total Moneta	ary Contr	ibutions <i>A</i>	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 (I	From Sche	dule 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 Se	chedu	le II	[)	\$					0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		,			
					AFF	IDA	٩VI	T SE	CTIO	N								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	is is	a Can	ndidate	re	port, c	and	lidate sig	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	d on	paper (or by ele	ectr	onic me	ediui	m, are to t	he best of	my knov	vledge and beli	ef , true	
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submitt	ing Report		
	_	Signatur	·e	<u> </u>				- -		•				Printe	ed Name			
My Commission Ex	pires									-				Email				
		мо	D	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Number		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andida	ate sha	ıll s	sign he	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee has	s no	ot violat	ted a	any provisi	ions of the	act of Ju	ıne 3,1937 (P.L	. 1333,	
Sworn to and subsc	ribed befo day of	re me this		20									Si	ignature of	Candida	ite		
								-						Printed	Name			
		Signature						-		-				E				
My Commission Exp	ires													Email				
	_	мо	D	AY	YR	l		•			Area	Code	e	Day	time Te	elephone Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
KONCHAR, JUSTIN DANIEL	From:	10/22/202	<u>4</u> To:	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)			\$	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	R	Reporting Period						
		F	rom:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Com	mittee		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.

Name of Filing Comm	nittee or Candidate	Re	Reporting Period							
From: To:) :				
				DATE			AMOUNT			
Full Name of Contribut	or		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
				•	•		PAGE TOTAL			

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		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule 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				Rep	orting Pe	riod					
				Fron	n:			To:			
					D	ATE			Al	MOUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	s 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		7	Zip Cod	e (Plus 4)	1
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımm	nary Page,	Section	on 3.				Р	AGE TOTA	.L
								\$		C	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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	
KONCHAR, JUSTIN DANIEL	From:	<u>10/22/2024</u> To:	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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	Reporting Period							
	From:			To:				
				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				
	From:						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 Plac	e of Business	City	′	State	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	Name 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	penditure				
Enter Grand Total of Expenditures	on Page 1 Penort (Cover Page Item I	,				PAGE TOTAL		
Lines Grand Total of Expenditures	on rage 1, Report C	over rage, Item i	,			\$	0.00		