Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER:	20190363	REPORT FIL	ED ON BEHALF OF:	Committee	
NAME OF FILING COMMITTEE, CANDIDATE O	MITCHELL, ANI	MITCHELL, ANN MARIE FRIENDS OF			
STREET ADDRESS PO BOX 261					
CITY RICHBORO	STATE	PA	ZIP CODE 18954	4-0241	
TYPE OF REPORT Annual					
NAME OF OFFICE SOUGHT BY CANDIDAT	ΓE				
DISTRICT CODE PARTY			Y CODE		
DATE OF ELECTION 11/7/20	023				
DATES OF REPORTING PERIOD	10/24/2023	то	12/31/2023	For Office Use Only	
AMENDMENT REPORT?	O TER	MINATION REPO	RT? NO		
CASH BALANCE AT THE END OF REPOPERIOD:	RTING	434.23			
TOTAL AMOUNT OF FILER'S OUTSTAN DEBTS OR LIABILITIES AT THE END O REPORTING PERIOD:		0.00			
	AFFID	AVIT SECTION		ı	

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.								
SWORN TO AND SUBSCRIBED BEFORE ME THIS								
day of	20	_						
		SIGNATURE OF PERSON SUBMITTING REPORT						
SIGNATURE		PRINTED NAME						
MY COMMISION EXPIRES MO. DAY	YR.	AREA CODE DAYTIME TELEPHONE NUMBER						

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AME		IOWLEDGE A	ND BELIEF THIS	S POLITICAL COMM	MITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BE	FORE ME THIS	i				
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE					PRINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER