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: 2024	IC0026	REPORT FILED	ON BEHALF OF:	Candidate				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBE	BYIST	KEIR BRADFORD	- GREY					
STREET ADDRESS			_					
CITY	STATE		ZIP CODE 1912	6				
TYPE OF REPORT 6th Tuesday Pre-Primary								
NAME OF OFFICE SOUGHT BY CANDIDATE ATTORNEY GENERAL								
DISTRICT CODE -1		PARTY	CODE DEM					
DATE OF ELECTION 11/5/2024								
DATES OF REPORTING PERIOD	1/1/2024	то	3/4/2024	For Office Use Only				
AMENDMENT REPORT? NO	TERM	INATION REPORT	? NO					
CASH BALANCE AT THE END OF REPORTING PERIOD:		0.00						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00						
AFFIDAVIT SECTION								
PART I - If statement is filed on behalf of a Political Committee If statement is filed on behalf of a Candidate, the Cand	or Candidate's	s Committee, the Tre	easurer must sign here.					

I CWEAD (OD AFFIDM) THAT THE AC	CDECATE DECE	DTC OD DIC	DUDCEMENTS OF	LIADILITIES INC	IDDED DUDING THE	DEPORTING DEDICATED ABOVE DID	
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				
MV COMMICION EVDIDES		D.4.V					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	

PART II -

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 AMI		NOWLEDGE A	ND BELIEF THIS	S POLITICAL COM	MITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE	
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	