402008

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 NUMB	ER: 2024	C0110	REPORT	FILED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ELDER VOGEL JR.					
STREET ADDRESS					
CITY		STATE		ZIP CODE	16063-121
TYPE OF REPORT 6th Tues	day Pre-Primary				
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY					
DISTRICT CODE 47		PARTY CODE REP			
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 R	PORT? NO	
CASH BALANCE AT THE END PERIOD: TOTAL AMOUNT OF FILER'S DEBTS OR LIABILITIES AT REPORTING PERIOD:	OUTSTANDING		0.00		
					-
	andidate, the Cand ontributing Lobbyis GATE RECEIPTS OR D DOLLARS (\$250.00) /	or Candidate's idate must si st, the Lobbyis	gn here. st must sign h 6 OR LIABILITIES	the Treasurer must sign ere. 5 INCURRED DURING THE RE	here. EPORTING PERIOD INDICATED ABOVE DID D BELIEF, TRUE, CORRECT AND COMPLETE.
day of		20			
				SIGNATURE (OF PERSON SUBMITTING REPORT
SIG	GNATURE				PRINTED NAME
MY COMMISION EXPIRES	MO. DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - If statement is filed on behalf of a C	andidate's Authoriz	ed Committe	e, Candidate r	nust sign here.	
I SWEAR (OR AFFIRM) THAT TO THE BES 3, 1937 (P.L. 1333, No. 320) AS AMEND		E AND BELIEF T	HIS POLITICAL (COMMITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEFOR	RE ME THIS				
day of		20			
				SIGNATURE	OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

YR.

DAY

SIGNATURE

MO.

MY COMMISION EXPIRES

7/7/2025 10:43:05 AM

DAYTIME TELEPHONE NUMBER