**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: 2023	0338	REPORT FILED	Committee						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		FRIENDS OF MIGUEL VASQUEZ							
STREET ADDRESS	_								
CITY TEMPLE	STATE F	PA	ZIP CODE 1956	0-1502					
TYPE OF REPORT 6th Tuesday Pre-Primary									
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY									
<b>DISTRICT CODE</b> 11th Senatorial District	PARTY CODE REP								
DATE OF ELECTION 11/5/2024									
DATES OF REPORTING PERIOD	1/1/2024 <b>T</b>	О	3/4/2024	For Office Use Only					
AMENDMENT REPORT? YES	TERMIN	ATION REPORT?	NO						
CASH BALANCE AT THE END OF REPORTING PERIOD:	10	0.00							
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00							
AFFIDAVIT SECTION									

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 NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COM-		
day of 20		
SIGNATURE OF PERSON SUBMITTING REPORT		
SIGNATURE PRINTED NAME	PRINTED NAME	
MY COMMISION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBE	₹	

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