**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: 201	60281	REPORT FILED (	ON BEHALF OF:	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR LOB	AFSCME PENNSYLVANIA						
STREET ADDRESS 1625 L STREET NW							
CITY WASHINGTON	STATE	DC	ZIP CODE 20036	5			
TYPE OF REPORT 2nd Friday Pre-Election							
NAME OF OFFICE SOUGHT BY CANDIDATE							
DISTRICT CODE	RICT CODE			PARTY CODE			
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	1/1/2024	то	4/8/2024	For Office Use Only			
AMENDMENT REPORT? NO	TERM	MINATION REPORT?	NO				
CASH BALANCE AT THE END OF REPORTING PERIOD:	i	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 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 B	EFORE ME THI	s				
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
SIGNATURE			PRINTED NAME			
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
DADT II						

## 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