## 403277

## 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	c0267 <b>REPORT FIL</b>	ED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST KHAN, JOSEPH JAMIL			
STREET ADDRESS			
CITY	STATE	ZIP CODE 1890	1
TYPE OF REPORT     2nd Friday Pre-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE ATTORNEY GENERAL			
DISTRICT CODE Statewide	PARTY CODE DEM		
DATE OF ELECTION 11/5/2024			
DATES OF REPORTING PERIOD	3/5/2024 <b>TO</b>	4/8/2024	For Office Use Only
AMENDMENT REPORT? NO	TERMINATION REPO	NO	
CASH BALANCE AT THE END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	0.00 0.00		
	AFFIDAVIT SECTION		
<ul> <li>PART I -</li> <li>If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.</li> <li>If statement is filed on behalf of a Candidate, the Candidate must sign here.</li> <li>If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.</li> <li>I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID</li> </ul>			
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 PER	SON SUBMITTING REPORT
SIGNATURE		PRIN	ITED NAME
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 BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS			
day of	20		
		SIGNATURE OF PE	RSON SUBMITTING REPORT

 SIGNATURE
 PRINTED NAME

 MY COMMISION EXPIRES
 MO.
 DAY
 YR.
 AREA CODE
 DAYTIME TELEPHONE NUMBER

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

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