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 NUMB	ER: 20	024C0084	REPORT FI	LED ON BEHALF OF:	Candidate	
NAME OF FILING COMMITTEE, CA	NDIDATE OR LC	BBYIST	REICHARD, C	HAD GERALD		
STREET ADDRESS						
CITY		STATE		ZIP CODE	17268	
TYPE OF REPORT 2nd Frid	lay Pre-Primary					
NAME OF OFFICE SOUGHT BY	CANDIDATE	REPRESENT ASSEMBLY	TATIVE IN THE G	ENERAL		
DISTRICT CODE 90th Le	egislative Distric	t	PAR	TY CODE REP		
DATE OF ELECTION	11/5/2024					
DATES OF REPORTING PERIOD)	1/1/2024	то	4/8/2024	For O	ffice Use Only
AMENDMENT REPORT?	NO	TER	MINATION REP	ORT? NO		
CASH BALANCE AT THE END PERIOD:	OF REPORTI	NG	0.00			
TOTAL AMOUNT OF FILER'S DEBTS OR LIABILITIES AT		IG	0.00			
REPORTING PERIOD:						
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