405324

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 N	40129	REPORT F	ILED ON BEHALF OF:	Committee	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST PAT FOR PA					
STREET ADDRESS PO	BOX 442				
CITY CLARION		STATE	PA	ZIP CODE 1	16214
TYPE OF REPORT 2nd	Friday Pre-Primary				
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY					
DISTRICT CODE 63			PA	RTY CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PER	RIOD	3/5/2024	то	4/8/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERM	INATION REF	PORT? NO	
CASH BALANCE AT THE PERIOD:	END OF REPORTING	ì	0.00		
TOTAL AMOUNT OF FIL DEBTS OR LIABILITIES REPORTING PERIOD:			0.00		
		AFETDA	VIT SECTIO	N	-
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. 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 BEFORE ME THIS day of 20					
				SIGNATURE OF	F PERSON SUBMITTING REPORT
	SIGNATURE				PRINTED NAME
MY COMMISION EXPIRES	MO. DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - If statement is filed on behalf o	f a Candidate's Author	ized Committe	e, Candidate m	ust sign here.	
I SWEAR (OR AFFIRM) THAT TO TH 3, 1937 (P.L. 1333, No. 320) AS AN		GE AND BELIEF T	HIS POLITICAL CO	DMMITTEE HAS NOT VIOLATI	ED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED B	EFORE ME THIS				
day of		20		SIGNATURE O	F PERSON 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