406564

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 IDENTIFICATIO	ON NUMBER:	2024C0046	C0046 REPORT FILED ON BEHALF OF: Candidate							
NAME OF FILING COMM	ITTEE, CANDIDATE OR	LOBBYIST	KIM, PATRICI	A H						
STREET ADDRESS										
CITY		STATE		ZIP CODE	17110					
TYPE OF REPORT	30-Day Post-Primary									
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY										
DISTRICT CODE	15th Senatorial Distr	rict	PARTY CODE DEM							
DATE OF ELECTION	11/5/202	24								
DATES OF REPORTING	G PERIOD	4/9/2024	то	5/13/2024	For Office Use Only					
AMENDMENT REPORT	? NO	TER	MINATION REP	ORT? NO						
PERIOD: TOTAL AMOUNT O	THE END OF REPOR F FILER'S OUTSTAND TIES AT THE END OF DD:	ING	0.00 0.00							
		AFFID	AVIT SECTION	I						
	half of a Candidate, the half of a Contributing L THE AGGREGATE RECEIPT AND FIFTY DOLLARS (\$25 BED BEFORE ME THIS	Candidate must sobbyist, the Lobby	sign here. ist must sign here	e. NCURRED DURING THE REF	PORTING PERIOD INDICATED ABOVE DID 9 BELIEF, TRUE, CORRECT AND COMPLETE.					
day of	r 	20		SIGNATURE O	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 be	half of a Candidate's Au	uthorized Committ	ee, Candidate mu	st sign here.						
I SWEAR (OR AFFIRM) THAT	TO THE BEST OF MY KNOW	VLEDGE AND BELIEF	THIS POLITICAL CO	MMITTEE HAS NOT VIOLAT	ED ANY PROVISIONS OF THE ACT OF JUNE					

3, 1937 (P.L. 1333, No. 320) AS AN							
SWORN TO AND SUBSCRIBED B	EFORE ME THIS	5					
day of			20				
			•		SIGNATURE	OF 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

7/5/2025 8:26:18 AM