

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.**

|   |                           |   |                            |
|---|---------------------------|---|----------------------------|
| <b>FILER IDENTIFICATION NUMBER:</b> 2024C0621   |                           | <b>REPORT FILED ON BEHALF OF:</b> Candidate |                            |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST   |                           | SIEGEL, JOSHUA M                            |                            |
| STREET ADDRESS  |                           |   |                            |
| CITY  | STATE                     | ZIP CODE                                    | 18102                      |
| <b>TYPE OF REPORT</b> Annual  |                           |   |                            |
| <b>NAME OF OFFICE SOUGHT BY CANDIDATE</b>   |                           | REPRESENTATIVE IN THE GENERAL ASSEMBLY      |                            |
| <b>DISTRICT CODE</b>  | 22nd Legislative District | <b>PARTY CODE</b>                           | DEM                        |
| <b>DATE OF ELECTION</b>   | 11/5/2024                 |   |                            |
| <b>DATES OF REPORTING PERIOD</b>  | 11/26/2024                | <b>TO</b>                                   | 12/31/2024                 |
| <b>AMENDMENT REPORT?</b>  | NO                        | <b>TERMINATION REPORT?</b>                  | NO                         |
| <b>CASH BALANCE AT THE END OF REPORTING PERIOD:</b>   |                           | 0.00  |                            |
| <b>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</b> |                           | 0.00  |                            |
|   |                           |   | <b>For Office Use Only</b> |

**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. |                      |  |                                   |
| <b>SWORN TO AND SUBSCRIBED BEFORE ME THIS</b>  |                      |  |                                   |
| _____ day of _____ 20____  |                      | _____<br>SIGNATURE OF PERSON SUBMITTING REPORT |                                   |
| _____<br>SIGNATURE   |                      | _____<br>PRINTED NAME                          |                                   |
| MY COMMISSION EXPIRES  | _____<br>MO. DAY YR. | _____<br>AREA CODE                             | _____<br>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. |                      |  |                                   |
| <b>SWORN TO AND SUBSCRIBED BEFORE ME THIS</b>  |                      |  |                                   |
| _____ day of _____ 20____  |                      | _____<br>SIGNATURE OF PERSON SUBMITTING REPORT |                                   |
| _____<br>SIGNATURE   |                      | _____<br>PRINTED NAME                          |                                   |
| MY COMMISSION EXPIRES  | _____<br>MO. DAY YR. | _____<br>AREA CODE                             | _____<br>DAYTIME TELEPHONE NUMBER |