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.

incurred each did not	exceeu :	\$250.00 dui ii	ig the reporting	, period.			
FILER IDENTIFICATION NUMBER: 2024	C0276	REPORT FILED	ON BEHALF OF:	Candidate			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBB	SYIST	TIM DEFOOR					
STREET ADDRESS							
CITY	STATE		ZIP CODE 17103	3			
TYPE OF REPORT 30-Day Post-Primary							
NAME OF OFFICE SOUGHT BY CANDIDATE AUDITOR GENERAL							
DISTRICT CODE -1		PARTY C	CODE REP				
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	4/9/2024	то	5/13/2024	For Office Use Only			
AMENDMENT REPORT? NO	TER	MINATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORTING PERIOD:		0.00					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00					
L							
	AFFIDA	AVIT SECTION					
PART I - If statement is filed on behalf of a Political Committee If statement is filed on behalf of a Candidate, the Cand			asurer must sign here.				

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I CWEAD (OD AFFIDM) THAT THE AC	CDECATE DECE	DTC OD DIC	BURCEMENTS OF	LIADILITIES INC	IDDED DUDING THE	DEPORTING DEDICATED ABOVE DID
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 PERSON SUBMITTING REPORT
SIGNATURE			PRINTED NAME			
MV COMMICION EVENES						
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 TH 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	ND BELIEF THIS	POLITICAL COM	MITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE
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