

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 NUMBER: 2024C0238		REPORT FILED ON BEHALF OF: Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		DAVID SUNDAY	
STREET ADDRESS			
CITY	STATE	ZIP CODE	17403
TYPE OF REPORT 30-Day Post-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE		ATTORNEY GENERAL	
DISTRICT CODE	-1	PARTY CODE	REP
DATE OF ELECTION	11/5/2024		
DATES OF REPORTING PERIOD		4/9/2024	TO 5/13/2024
AMENDMENT REPORT?	NO	TERMINATION 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	
			For Office Use Only

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ day of _____ 20 _____

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION 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 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ day of _____ 20 _____

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____