Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities

inci	urrea each aia	not exceea	\$ 250. 0	v auring	tne reportir	ig perioa.		
FILER IDENTIFICATION NUMBER: 2024		2024c0226	REPORT FILED ON BEHALF OF:			Candidate		
NAME OF FILING COMM	LOBBYIST	BYIST WAGGETT, STEPHANIE						
STREET ADDRESS								
CITY		STATE			ZIP CODE 153	20		
TYPE OF REPORT	2nd Friday Pre-Prima	ry						
NAME OF OFFICE SO	UGHT BY CANDIDATE	REPRESEN ASSEMBL		THE GENERA	AL			
DISTRICT CODE	50th Legislative Dis	trict		PARTY CO	DDE REP			
DATE OF ELECTION	11/5/20	24						
DATES OF REPORTIN	G PERIOD	3/5/2024	то		4/8/2024	For Office Use Only		
AMENDMENT REPORT	r? NO	TEI	RMINATIO	N REPORT?	NO			
CASH BALANCE AT PERIOD:	THE END OF REPOR	TING	6,184.78					
	F FILER'S OUTSTANE ITIES AT THE END OI DD:		14,250.00					
AFFIDAVIT SECTION								
PART I -		ALLID	AVIII SEC	HION				
If statement is filed on be If statement is filed on be	half of a Candidate, the	e Candidate must	sign here.	·	surer 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 THI	s						
day of			20					
			•		SIGNATURE	OF 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 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 COMMISION EXPIRES	MO. DAY	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER		