Campaign Finance Statement

409382

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:	2024C0110	REPORT FILED ON BEHALF OF:	Candidate

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST	ELDER VOGEL JR.

STREET ADDRESS

CITY	STATE	ZIP CODE	16063-121

TYPE OF REPORT   6th Tuesday Pre-Election

NAME OF OFFICE SOUGHT BY CANDIDATE   SENATOR IN THE GENERAL ASSEMBLY

DISTRICT CODE   47

PARTY CODE   REP

DATE OF ELECTION   11/5/2024

DATES OF REPORTING PERIOD   5/14/2024   **TO**   9/16/2024

For Office Use Only

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

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 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   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

7/7/2025 11:22:00 AM