Commonwealth of Pennsylvania

Campaign Finance Statement



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

FILER IDENTIFICATION NUMBER: 202		2024c0	J748	REPORT FI	ILED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTEE, CANDIDATE OR LOBB			IST	MCCLELLAND), ERIN R	
STREET ADDRESS						
CITY			STATE		ZIP CODE 1506	65
TYPE OF REPORT	2nd Friday Pre-Elec	ection				
NAME OF OFFICE SO	UGHT BY CANDID!	ATE	STATE TREA	.ASURER		
DISTRICT CODE	Statewide			PAR	RTY CODE DEM	
DATE OF ELECTION	11/5/2	2024				
DATES OF REPORTIN	IG PERIOD	9/	/17/2024	то	10/21/2024	For Office Use Only
AMENDMENT REPORT	.T? 1	NO	TERI	MINATION REP	PORT? NO	
PERIOD:	T THE END OF REPO			0.00		
	OF FILER'S OUTSTAI LITIES AT THE END IOD:			0.00		
			AFFID/	AVIT SECTION	N	
If statement is filed on be If statement is filed on be	ehalf of a Candidate, ehalf of a Contributing	the Candida ng Lobbyist,	r Candidate's date must sig c, the Lobbyis	's Committee, the ign here. ist must sign here	ne Treasurer must sign here. re.	Fing period indicated above did
NOT EXCEED TWO HUNDRED	ED AND FIFTY DOLLARS ((\$250.00) AN				IING PERIOD INDICATED ABOVE DID LIEF, TRUE, CORRECT AND COMPLETE
SWORN TO AND SUBSCR.		5	20			
	·		_ ~~			DCON CURMITTING DEPORT

PART II -

MY COMMISION EXPIRES

DAY

YR.

SIGNATURE

MO.

If statement is filed on behalf of a	؛ Candidate د	s Authorized	d Committee, C	Candidate must	: sign here.					
I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AME		NOWLEDGE A	AND BELIEF THIS	POLITICAL COMM	1ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE				
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				

PRINTED NAME

DAYTIME TELEPHONE NUMBER

AREA CODE