**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.

			•		•	<del></del>		
FILER IDENTIFICATIO	4C0532	REPO	Candidate					
NAME OF FILING COMMI	TTEE, CANDIDATE OR LOBE	BYIST	STOICC	VY-RUSCIT				
STREET ADDRESS								
CITY		STATE			ZIP CODE 1502	25		
TYPE OF REPORT	2nd Friday Pre-Election							
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY								
DISTRICT CODE	37th Senatorial District			PARTY CO	DE DEM			
DATE OF ELECTION	11/5/2024							
DATES OF REPORTING	PERIOD	5/14/2024	то		10/21/2024	For Office Use Only		
AMENDMENT REPORT	? NO	TER	MINATION	REPORT?	NO			
CASH BALANCE AT PERIOD:	THE END OF REPORTING	ì	0.00					
TOTAL AMOUNT OF DEBTS OR LIABILI' REPORTING PERIO								
AFFIDAVIT SECTION								
<b>PART I -</b> 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.

						REPORTING PERIOD INDICATED ABOVE DID ND 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	

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	