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 IDENTIFICATIO	N NUMBER:	20240	C0234	REPORT	FILED ON BEHALF OF:	Candidate
NAME OF FILING COMMIT	TEE, CANDIDATE	OR LOBB	YIST	GILL, AIZA	Z	
STREET ADDRESS						
CITY			STATE		ZIP CODE	19111
TYPE OF REPORT	2nd Friday Pre-Ele	ection				
NAME OF OFFICE SOU	SHT BY CANDIDA	ATE	REPRESENT ASSEMBLY	TATIVE IN THE	GENERAL	
DISTRICT CODE	172nd Legislative	e District		P <i>E</i>	ARTY CODE REP	
DATE OF ELECTION	11/5/2	2024				
DATES OF REPORTING	PERIOD	ç	9/17/2024	то	10/21/2024	For Office Use Only
AMENDMENT REPORT?		NO	TERM	MINATION RE	EPORT? NO	
CASH BALANCE AT 1 PERIOD:	THE END OF REPO	ORTING		0.00		
TOTAL AMOUNT OF DEBTS OR LIABILIT REPORTING PERIOR	IES AT THE END			0.00		
ART I - statement is filed on behi			or Candidate's			iere.
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