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.

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FILER IDENTIFICATION NUMBER: 20	IDENTIFICATION NUMBER: 20230337		ON BEHALF OF:	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR LOI	BBYIST	COMMITTEE TO EI	ECT JESSE MONOSKI				
STREET ADDRESS							
CITY LEMOYNE	STATE	PA	ZIP CODE 1704.	3-026			
TYPE OF REPORT 2nd Friday Pre-Election							
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY							
DISTRICT CODE 103		PARTY C	ODE DEM				
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	9/17/2024	го	10/21/2024	For Office Use Only			
AMENDMENT REPORT? YES	TERMIN	NATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORTIN PERIOD:	G 44	43.48					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	G 10,1	82.74					
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	
i							

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	