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 IDENTIFICATION NUMBER: 20240310		REPORT FILED	ON BEHALF OF:	Committee		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		POT SMOKING WIZARDS FOR JUSTIN KONCHAR				
STREET ADDRESS 14 HIGH ST						
CITY LYNDORA	STATE	PA	ZIP CODE 16045	i-1218		
TYPE OF REPORT 2nd Friday Pre-Election						
NAME OF OFFICE SOUGHT BY CANDIDATE	REPRESENT ASSEMBLY	ATIVE IN THE GENER	AL			
DISTRICT CODE 11th Legislative District	:	PARTY CO	DDE LIB			
DATE OF ELECTION 11/5/2024						
DATES OF REPORTING PERIOD	9/17/2024	то	10/21/2024	For Office Use Only		
AMENDMENT REPORT? NO	TERM	INATION REPORT?	NO			
CASH BALANCE AT THE END OF REPORTING PERIOD:	IG	0.00				
TOTAL AMOUNT OF FILER'S OUTSTANDIN DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	G	0.00				
AFFIDAVIT SECTION						
PART I - If chatament is filed on behalf of a Political Committee			scurer 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

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 E 3, 1937 (P.L. 1333, No. 320) AS AMEN		OWLEDGE A	ND BELIEF THIS	POLITICAL COM	MITTEE HAS NOT VIOLA	ATED 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