413063

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: 202		4C0646	C0646 REPORT FILED ON BEHALF OF:		Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DAVE DELLOSO						
STREET ADDRESS						
CITY		STATE		ZIP CODE 190)70	
TYPE OF REPORT 2nd F	riday Pre-Election					
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY						
DISTRICT CODE 162	DISTRICT CODE 162		PARTY CODE DEM			
DATE OF ELECTION	11/5/2024					
DATES OF REPORTING PERI	OD	9/17/2024	то	10/21/2024	For Office Use Only	
AMENDMENT REPORT? NO TERMINATION REPORT				ORT? NO		
CASH BALANCE AT THE E PERIOD:	ND OF REPORTING	6	0.00			
TOTAL AMOUNT OF FILE DEBTS OR LIABILITIES A REPORTING PERIOD:			0.00			
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			PR	INTED 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 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 P	ERSON SUBMITTING REPORT	
	SIGNATURE			PF	RINTED NAME	
MY COMMISION EXPIRES	MO. DAY	Ý YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280