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:	2024C02	C0284 REPORT FI		TLED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTE	EE, CANDIDATE	OR LOBBYIS	ST	MARC ANDER	RSON	
STREET ADDRESS						
CITY			STATE		ZIP CODE 170	7019
TYPE OF REPORT 2n	nd Friday Pre-Ele	ection				
NAME OF OFFICE SOUGH	IT BY CANDID	-	REPRESENT ASSEMBLY	TATIVE IN THE G	- GENERAL	
DISTRICT CODE 9	92			PAF	RTY CODE REP	
DATE OF ELECTION	11/5/	5/2024				
DATES OF REPORTING PI	ERIOD	9/1	17/2024	то	10/21/2024	For Office Use Only
AMENDMENT REPORT?		NO	TER	MINATION REP	PORT? NO	
CASH BALANCE AT TH PERIOD:	IE END OF REP	ORTING		0.00		
TOTAL AMOUNT OF FI DEBTS OR LIABILITIE REPORTING PERIOD:	ES AT THE END			0.00		
PART I - f statement is filed on behalf f statement is filed on behalf f statement is filed on behalf	f of a Candidate,	, the Candida	· Candidate's late must sig	ign here.	he Treasurer must sign here	e.
NOT EXCEED TWO HUNDRED AND	ND FIFTY DOLLARS ((\$250.00) AND				RTING PERIOD INDICATED ABOVE DII SELIEF, TRUE, CORRECT AND COMPLET
SWORN TO AND SUBSCRIBED day of) BEFORE ME THI	íS	20			
					SIGNATURE OF P	PERSON SUBMITTING REPORT
SIGNATURE					PF	RINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - f statement is filed on behalf	f of a Candidate	's Authorized	d Committe	ee, Candidate m	nust sign here.	-
I SWEAR (OR AFFIRM) THAT TO 3, 1937 (P.L. 1333, No. 320) AS		(NOWLEDGE A	ND BELIEF T	HIS POLITICAL CC	MMITTEE HAS NOT VIOLATED	ANY PROVISIONS OF THE ACT OF JUI
SWORN TO AND SUBSCRIBED	BEFORE ME THI	is				
day of			20			
		_		SIGNATURE OF F	PERSON SUBMITTING REPORT	
	SIGNATURE					PERSON SUBMITTING REPORT
MY COMMISION EXPIRES	SIGNATURE					

AREA CODE

DAYTIME TELEPHONE NUMBER