**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: 2016	60290 <b>REPO</b>	REPORT FILED ON BEHALF OF: Committee						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBB	BYIST MEDIA	DIA DEMOCRATIC COMMITTEE						
STREET ADDRESS	_							
CITY MEDIA	STATE PA	ZIP CODE	19063-0284					
TYPE OF REPORT 30-Day Post-Election								
NAME OF OFFICE SOUGHT BY CANDIDATE	NAME OF OFFICE SOUGHT BY CANDIDATE							
DISTRICT CODE		PARTY CODE DEM						
DATE OF ELECTION 11/5/2024								
DATES OF REPORTING PERIOD 10	0/22/2024 <b>TO</b>	11/25/2024	For Office Use Only					
AMENDMENT REPORT? NO	TERMINATIO	REPORT? NO						
CASH BALANCE AT THE END OF REPORTING PERIOD:	4,736.24							
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	0.00							
L								
DADT I	AFFIDAVIT SEC	TION						

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 BI	EFORE ME THI	s					
day of			20				
					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	
DADT II							

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AMI		NOWLEDGE A	ND BELIEF THIS	S POLITICAL COM	MITTEE HAS NOT VIOL	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	