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:	2024C0:	196 REP	ORT FILED O	N BEHALF OF:	Candidate
NAME OF FILING COMMITTEE, CANDIDA	ATE OR LOBBYIS	ST GREE	EN, GWENDOLY	/N VERONICA	
STREET ADDRESS					
CITY		STATE		ZIP CODE 1	19132
TYPE OF REPORT 30-Day Post-E	Election				
NAME OF OFFICE SOUGHT BY CAND		REPRESENTATIVE IN ASSEMBLY	N THE GENERA	AL.	
DISTRICT CODE 190th Legisla	ative District		PARTY CO	DE DEM	
DATE OF ELECTION 11	1/5/2024				
DATES OF REPORTING PERIOD	10/2	22/2024 TO		11/25/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERMINATIO	ON REPORT?	NO	
CASH BALANCE AT THE END OF R PERIOD:	REPORTING	1,040.00]		
TOTAL AMOUNT OF FILER'S OUTS DEBTS OR LIABILITIES AT THE E REPORTING PERIOD:		0.00	1		
		AFFIDAVIT SE	CTION		
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