413542

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: 2024		CO234 REPORT FILED ON BEHALF OF:		Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST GILL, AIZAZ					
STREET ADDRESS					
CITY	STATE	STATE ZIP CODE 19111		9111	
TYPE OF REPORT30-Day	Post-Election				
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESEN ASSEMBLY			TATIVE IN THE GENERAL		
DISTRICT CODE 172nd Legislative District			PARTY CODE REP		
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PERIOR	b 10	0/22/2024	то	11/25/2024	For Office Use Only
AMENDMENT REPORT? NO TERMINATION REP			PORT? NO		
CASH BALANCE AT THE END OF REPORTING 0.00 PERIOD:			0.00		
TOTAL AMOUNT OF FILER'S DEBTS OR LIABILITIES AT REPORTING PERIOD:			0.00		
		AFETDA	VIT SECTIO		
	Candidate, the Canc Contributing Lobbyis EGATE RECEIPTS OR D	didate must signst, the Lobbyis	gn here. st must sign her GOR LIABILITIES	re.	ere. ORTING PERIOD INDICATED ABOVE DID BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUBSCRIBED BEFO	RE ME THIS				
day of		20			
				SIGNATURE OF PERSON SUBMITTING REPORT	
SI	GNATURE				PRINTED NAME
MY COMMISION EXPIRES	MO. DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - If statement is filed on behalf of a C	Candidate's Authori	zed Committe	e, Candidate m	ust sign here.	
I SWEAR (OR AFFIRM) THAT TO THE BE 3, 1937 (P.L. 1333, No. 320) AS AMEND		E AND BELIEF T	HIS POLITICAL CO	DMMITTEE HAS NOT VIOLATI	ED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEFO	RE ME THIS				
day of		20			
				SIGNATURE O	F PERSON SUBMITTING REPORT
SIGNATURE					PRINTED NAME
MY COMMISION EXPIRES	MO. DAY	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