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.

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FILER IDENTIFICATION NUMBER: 20)220380	REPORT FILED	ON BEHALF OF:	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR LC	BBYIST	ROSS SYLVESTER	FOR PA				
STREET ADDRESS							
CITY PITTSBURGH	STATE	PA	ZIP CODE 15210	0-3844			
TYPE OF REPORT 30-Day Post-Election							
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY							
DISTRICT CODE 36th Legislative Distric	t	PARTY C	ODE LIB				
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	10/22/2024	то	11/25/2024	For Office Use Only			
AMENDMENT REPORT? NO	TERM	INATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORTING PERIOD:	NG	47.11					
TOTAL AMOUNT OF FILER'S OUTSTANDIN DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	I G 1	.,133.66					
	AFETDA	VIT SECTION		<u> </u>			
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		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	
i							

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 PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	