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:	20240140	REPORT FILED ON BEHALF OF:		Committee				
NAME OF FILING COMMITTEE, CANDIDATE OR I	OBBYIST	ST CHRIS FOSTER COMMITTEE TO ELECT						
STREET ADDRESS 5532 AVONDALE PL								
CITY PITTSBURGH	STATE	PA	ZIP CODE	15206-1405				
TYPE OF REPORT 30-Day Post-Election								
NAME OF OFFICE SOUGHT BY CANDIDATE STATE TREASURER								
DISTRICT CODE Statewide		PARTY CO	DDE FWD					
DATE OF ELECTION 11/5/2024	ŀ							
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 REPORT PERIOD:	ING 3,	032.88						
TOTAL AMOUNT OF FILER'S OUTSTANDI DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	NG (1,5	591.04)						

AFFIDAVIT SECTION

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	

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 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	ND BELIEF THIS	POLITICAL COMM	MITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BE	FORE ME THIS	;				
day of			20			
				_	SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE					PRINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER