413861

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:		4C0141 REPORT FIL		ILED ON BEHALF OF:	Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST V. MILOU MACKENZIE						
STREET ADDRESS						
CITY		STATE		ZIP CODE	18015	
TYPE OF REPORT 30-Day I	Post-Election					
NAME OF OFFICE SOUGHT BY CANDIDATE REPRESENTATIVE IN THE GENERAL ASSEMBLY						
DISTRICT CODE 131	DISTRICT CODE 131		PARTY CODE REP			
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 REF	PORT? NO		
CASH BALANCE AT THE END OF REPORTING 0.00 PERIOD: 0.00			0.00			
TOTAL AMOUNT OF FILER'S DEBTS OR LIABILITIES AT REPORTING PERIOD:			0.00			
		AFFIDA	VIT SECTIO	N		
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 O	F PERSON SUBMITTING REPORT	
SIC	SNATURE				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 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				
					OF PERSON SUBMITTING REPORT	
SI	GNATURE				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