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:	TIFICATION NUMBER: 2024C0046		ON BEHALF OF:	Candidate				
NAME OF FILING COMMITTEE, CANDIDATE OF	R LOBBYIST	KIM, PATRICIA H						
STREET ADDRESS								
CITY	STATE		ZIP CODE 1711	0				
TYPE OF REPORT 30-Day Post-Election	1							
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY								
DISTRICT CODE 15th Senatorial Dist	trict	PARTY	CODE DEM					
DATE OF ELECTION 11/5/20	24							
DATES OF REPORTING PERIOD	10/22/2024	то	11/25/2024	For Office Use Only				
AMENDMENT REPORT? NO	TER	MINATION REPORT	r? NO					
CASH BALANCE AT THE END OF REPOR	RTING	0.00						
TOTAL AMOUNT OF FILER'S OUTSTAND DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00						
	AFFIDA	AVIT SECTION						
PART I - If statement is filed on behalf of a Political Comr If statement is filed on behalf of a Candidate, th If statement is filed on behalf of a Contributing I	e Candidate must si	ign here.	easurer 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 TH 3, 1937 (P.L. 1333, No. 320) AS AN	E BEST OF MY KI MENDED.	NOWLEDGE A	ND BELIEF THIS F	POLITICAL COMM	1ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE	
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	
						DATITIE TELEFITIONE NOTIBER	