414394

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: 2024C0010 REPORT FILED ON BI					Candidate
NAME OF FILING COMMITTE	E, CANDIDATE OR LOP	BYIST	SHARIF STREET	Г	
STREET ADDRESS					
CITY		STATE		ZIP CODE 193	121
TYPE OF REPORT30-	-Day Post-Election				
NAME OF OFFICE SOUGH	T BY CANDIDATE	SENATOR IN	THE GENERAL AS	SSEMBLY	
DISTRICT CODE 3			PARTY	CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PE	RIOD	10/22/2024	то	11/25/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERMI	NATION REPO	RT? NO	
CASH BALANCE AT THE PERIOD: TOTAL AMOUNT OF FII DEBTS OR LIABILITIES REPORTING PERIOD:	LER'S OUTSTANDING		0.00 0.00		
			IT SECTION		
NOT EXCEED TWO HUNDRED AND	of a Candidate, the Ca of a Contributing Lobb AGGREGATE RECEIPTS OF FIFTY DOLLARS (\$250.00	ndidate must sigr yist, the Lobbyist DISBURSEMENTS C)) AND THIS REPORT	here. must sign here. R LIABILITIES INC	URRED DURING THE REPOF	e. RTING PERIOD INDICATED ABOVE DID ELIEF, TRUE, CORRECT AND COMPLETE.
day of		20		SIGNATURE OF P	ERSON SUBMITTING REPORT
	SIGNATURE			PR	RINTED NAME
MY COMMISION EXPIRES	MO. DA'	Y YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - If statement is filed on behalf (of a Candidate's Autho	orized Committee,	Candidate must	sign here.	
I SWEAR (OR AFFIRM) THAT TO T 3, 1937 (P.L. 1333, No. 320) AS A		OGE AND BELIEF THI	S POLITICAL COMM	1ITTEE HAS NOT VIOLATED	ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED	BEFORE ME THIS				
day of		20			
				SIGNATURE OF F	PERSON SUBMITTING REPORT

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

YR.

AREA CODE

DAY

MO.

MY COMMISION EXPIRES

9/14/2025 6:48:04 AM

DAYTIME TELEPHONE NUMBER