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.

NAME OF FILING COMMITTEE, CANDIDA		0030		D ON BEHALF OF:	Candidate	
,	TE OR LOBBYI	IST	NATHAN DAVID	SON		
STREET ADDRESS						
CITY		STATE		ZIP CODE	17102	
TYPE OF REPORT 30-Day Post-Ele	ection					
NAME OF OFFICE SOUGHT BY CANDI		REPRESENTATA ASSEMBLY	TIVE IN THE GEN	ERAL		
DISTRICT CODE 103			PARTY	CODE DEM		
DATE OF ELECTION 11/	/5/2024					
DATES OF REPORTING PERIOD	10/	22/2024	то	11/25/2024	For Office Use (Only
AMENDMENT REPORT?	NO	TERMI	NATION REPOR	RT? NO		
CASH BALANCE AT THE END OF RIPERIOD:	EPORTING	(2,9!	56.64)			
TOTAL AMOUNT OF FILER'S OUTS DEBTS OR LIABILITIES AT THE EN REPORTING PERIOD:			0.00			
ART I -						
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