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, CANDIDATE		0718	KLFOKITILL	D ON BEHALF OF:	Candidate
·	OR LOBBY	IST	SOLOMON, JARI	ED G	
STREET ADDRESS					
CITY		STATE		ZIP CODE	19149
TYPE OF REPORT 30-Day Post-Elec	ction			•	
NAME OF OFFICE SOUGHT BY CANDID)ATE	REPRESENTAT ASSEMBLY	IVE IN THE GEN	ERAL	
DISTRICT CODE 202			PARTY	CODE DEM	
DATE OF ELECTION 11/5	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 REI PERIOD:	PORTING		0.00		
TOTAL AMOUNT OF FILER'S OUTST DEBTS OR LIABILITIES AT THE ENI REPORTING PERIOD:			0.00		
ART I - statement is filed on behalf of a Political C	ommittee o	r Candidate's C	ommittee, the T	reasurer must sign h	nere.
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