

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: 2024C0499		REPORT FILED ON BEHALF OF: Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		COMANS, ASHLEY RENEE	
STREET ADDRESS			
CITY	STATE	ZIP CODE	15221
TYPE OF REPORT 30-Day Post-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE		REPRESENTATIVE IN THE GENERAL ASSEMBLY	
DISTRICT CODE 34th Legislative District	PARTY CODE DEM		
DATE OF ELECTION 11/5/2024			
DATES OF REPORTING PERIOD 4/9/2024		TO 5/13/2024	For Office Use Only
AMENDMENT REPORT? NO		TERMINATION REPORT? NO	
CASH BALANCE AT THE END OF REPORTING PERIOD: (70.00)			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: 0.00			

AFFIDAVIT SECTION

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 OF PERSON SUBMITTING REPORT	
_____ SIGNATURE		_____ PRINTED NAME	
MY COMMISSION 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____		_____ SIGNATURE OF PERSON SUBMITTING REPORT	
_____ SIGNATURE		_____ PRINTED NAME	
MY COMMISSION EXPIRES	_____ MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER