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.

	MBER: 2024	C0238 REPORT	FILED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTEE,	CANDIDATE OR LOBB	YIST DAVE SUN	IDAY	
STREET ADDRESS				
CITY		STATE	ZIP CODE	17403
TYPE OF REPORT Annua	al			
NAME OF OFFICE SOUGHT E	3Y CANDIDATE	ATTORNEY GENERAL		
DISTRICT CODE -1		Р	ARTY CODE REP	
DATE OF ELECTION	11/5/2024			
DATES OF REPORTING PERI	OD 1:	1/26/2024 TO	12/31/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERMINATION R	EPORT? NO	
CASH BALANCE AT THE E PERIOD:	:ND OF REPORTING	0.00		
TOTAL AMOUNT OF FILE DEBTS OR LIABILITIES A REPORTING PERIOD:		0.00		
		AFFIDAVIT SECTI	ON	
PART I - f statement is filed on behalf of a f statement is filed on behalf of a f statement is filed on behalf of a	a Candidate, the Cand	didate must sign here.	_	ere.
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MY COMMISION EXPIRES	SIGNATURE MO. DAY	YR.	AREA CODE	BELIEF, TRUE, CORRECT AND COMPLETE. F PERSON SUBMITTING REPORT PRINTED NAME
MY COMMISION EXPIRES PART II - f statement is filed on behalf of a	SIGNATURE MO. DAY a Candidate's Authoriz BEST OF MY KNOWLEDG	YR. zed Committee, Candidate	AREA CODE must sign here.	F PERSON SUBMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER
MY COMMISION EXPIRES PART II - f statement is filed on behalf of a	MO. DAY a Candidate's Authoriz BEST OF MY KNOWLEDG ENDED.	YR. zed Committee, Candidate	AREA CODE must sign here.	F PERSON SUBMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER
MY COMMISION EXPIRES PART II - If statement is filed on behalf of a state	MO. DAY a Candidate's Authoriz BEST OF MY KNOWLEDG ENDED.	YR. zed Committee, Candidate	AREA CODE must sign here.	BELIEF, TRUE, CORRECT AND COMPLETE. F PERSON SUBMITTING REPORT PRINTED NAME

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DAY

SIGNATURE

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MY COMMISION EXPIRES

DAYTIME TELEPHONE NUMBER

PRINTED NAME

AREA CODE