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, CANDI		0856	KEI OKI I I I I I I	ON BEHALF OF:	Candidate
	DATE OR LOBBY	/IST	JULIUS, JAMES M	ATTHEW	
STREET ADDRESS					
CITY		STATE		ZIP CODE	15136
TYPE OF REPORT Annual					
NAME OF OFFICE SOUGHT BY CAN	DIDATE	REPRESENTAT: ASSEMBLY	IVE IN THE GENE	RAL	
DISTRICT CODE 45th Legisla	ative District		PARTY	CODE REP	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PERIOD	11,	/26/2024	го	12/31/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERMIN	IATION REPORT	r? NO	
CASH BALANCE AT THE END OF PERIOD:	REPORTING	(86,23	1.40)		
TOTAL AMOUNT OF FILER'S OU DEBTS OR LIABILITIES AT THE REPORTING PERIOD:			0.00		
PART I -		AFFIDAVI	T SECTION		
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