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: 20240048	**REPORT FILED ON BEHALF OF:** Committee

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST	COMMITTEE TO ELECT STEPHANIE WAGGETT FOR STATE REP

STREET ADDRESS   330 BROADWAY AVENUE

CITY BROWNSVILLE	STATE PA	ZIP CODE 15417-8668

TYPE OF REPORT   Annual

NAME OF OFFICE SOUGHT BY CANDIDATE   REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT CODE   **PARTY CODE**   REP

DATE OF ELECTION   11/5/2024

DATES OF REPORTING PERIOD   11/26/2024   **TO**   12/31/2024

	For Office Use Only

AMENDMENT REPORT?   NO   **TERMINATION REPORT?**   NO

CASH BALANCE AT THE END OF REPORTING PERIOD:	2,067.28
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 COMMISION 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 COMMISION EXPIRES   MO.   DAY   YR.   AREA CODE   DAYTIME TELEPHONE NUMBER