## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER	20210278	;		REPORT FILED		CANDIDATE	L.	COMMITTEE	2.	OBBYIST 3.
NAME OF FILING COMMITTEE,	CANDIDATE OR LOBBYIST			ON BEHALF OF			<u></u>	COMMENT TEE	<u>141,</u>	OBBYIS!
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STREET ADDRESS	P.O. Box	/	<u>,                                    </u>			<u> </u>		<del></del> ,	-	
	P.O. BOX	711								
CITY	· .			STATE			ZIP CODI	<u> </u>	····	
	risview			17	7		1	4415		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOU	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.			DATE OF ELECTION		
6TH TUESDAY	<del>-</del>			Ì			-	MO.	DAY	YEAR
PRE-PRIMARY			· · · · · · · · · · · · · · · · · · ·	1		L		<u> 508 (</u>	FFICE USE	2025
2ND FRIDAY PRE-PRIMARY 2	DATES OF REPORTING PERIOD		PZ3 TO		O23			TORC	JI NOL USI	· OHE
30 DAY POST-PRIMARY	T					<del></del>				
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5.	TOTAL AM	OUNT OF FILER	₹'s	_	,					
2ND FRIDAY PRE-ELECTION  6.	AT THE EN	DING DEBTS OR	LIABILITIE NG PERIOD	\$	,					
90 DAY POST-ELECTION 7	-	AMENDMENT REPORT?	YES	NO X						
ANNUAL REPORT	]	TERMINATION REPORT?	YES	NO X						
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Department of State 

Bureau of Commissions, Elections and Legislation

North Office Building 

Harrisburg, PA 17120-0029 

(717) 787-5280

DSEB-503 (12-99)