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		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDA	TE OR LOBBYIST NITHE TO EVECT	FOUNCE) /wice	SON
STREET ADDRESS	REED ST			
CITY		STATE 0		ZIF COSE
		FA		16503 -
TYPE OF REPORT (CHECK ONE)	E OF OFFICE SOUGHT BY CANDIDATE WARD DISMUCTS	Ture DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	10131100	Juse		FOR OFFICE USE ONLY
2nd friday 2. PRE-PRIMARY	DATES OF REPORTING PERIOD 1 1 24 TO	MO. DAY YEAR	1	-51 62
30 DAY		**************************************	<u> </u>	
6TH TUESDAY 4. PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	_{\$} 2585	5.51	THE LABORATE SERVICE AND ADDRESS OF THE PARTY OF THE PART
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABIL AT THE END OF REPORTING PER			
30 DAY POST-ELECTION	AMENDMENT YES	NO X		1 1 23
ANNUAL X	TERMINATION YES	NO 🗶		
	AFF	IDAVIT SECTION		
t statement is filed on he	half of a <u>Political Committee Property</u> half of a <u>Candidate</u> , the <u>Candidate</u> half of a Contributing Lobert	affa Salvet cian horo		Treasurer must sign here.
If statement is filed on behalf of a Contributing Lob Filed, the Loadbyist must sign here. I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEN STOCKED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORTS OF MY KNOWLEDGE AND SELES, TRUE CORRECT AND COMPLETE.				
SWORN TO AND SUBSCRIBED BEFORE ME THIS AND SUBSCRIPT BEFORE ME T				
DAY OF CONTINUE ACTION				
	Signature Society	E S S S	PRINT	ED NAME
MY COMMISSION EXPIRES_	MO. DAY YR. O	AREA CODE	# (DA	YTIME TELEPHONE NUMBER
PART II - f statement is filed on behalf of a <u>Candidate's Authorizes Cdramittee</u> , Candidate must sign here.				
I SWEAR (OR AFFIRM) THAT JUNE 3, 1937 (P.L. 1333		THE SOLITICAL COMMITTEE	HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIE	SECOND TO THE MENT OF THE MENT	Sociati	1	
27 DAY OF Ja	unary Saga	Pennsylvania Association	signature 42/3 W	OF CANDIDATE
She Sh	Sign explicit Sign of	ssion Sid		ED NAME
MY COMMISSION EXPIRES	MO. DAY YR WO ISSUE	Commission number 14244	-/ 6	YTIME TELEPHONE NUMBER
Department of State of Burgay of Commissions Flections and Legislation				