

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 20240141		REPORT FILED ON BEHALF OF CANDIDATE		1. <input type="checkbox"/> COMMITTEE <input checked="" type="checkbox"/> LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Health Care 4 ALL PA PAC																
STREET ADDRESS 2010 W. 24 street																
CITY Erie		STATE PA		ZIP CODE 16502												
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	DATE OF ELECTION												
				MO.	DAY	YEAR										
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div> DATES OF REPORTING PERIOD <table border="1" style="margin: 5px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>26</td><td>2024</td></tr> </table> TO <table border="1" style="margin: 5px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2025</td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> CASH BALANCE AT END OF REPORTING PERIOD: \$ 319.93 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0 </div> </div>		MO.	DAY	YEAR	11	26	2024	MO.	DAY	YEAR	12	31	2025	FOR OFFICE USE ONLY	
MO.			DAY	YEAR												
11			26	2024												
MO.			DAY	YEAR												
12			31	2025												
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>																
30 DAY POST-PRIMARY <input type="checkbox"/>																
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>																
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>																
30 DAY POST-ELECTION <input type="checkbox"/>																
ANNUAL REPORT <input checked="" type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>						
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>													
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>													

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates'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 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 7th DAY OF January 20 25 Megan M. Moore SIGNATURE MY COMMISSION EXPIRES 10 18 26 MO. DAY YR.			Cindy Purvis SIGNATURE OF PERSON SUBMITTING REPORT Cindy Purvis PRINTED NAME 814 460-3568 AREA CODE DAYTIME TELEPHONE NUMBER		

Commonwealth of Pennsylvania - Secretary Seal
 Megan M. Moore, Notary Public
 Erie County
 My commission expires October 18, 2026
 Commission number 1427930
 Member, Pennsylvania Association of Notaries

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 MY COMMISSION EXPIRES _____ MO. DAY YR.			_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ _____ AREA CODE DAYTIME TELEPHONE NUMBER		