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.

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TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUG	_			DISTR	ICT NO.	PARTY		DAT MO.	DAY	ELECTIO	YEAR
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30 DAY POST-PRIMARY	CASH BAL	ANCE AT END				n]				
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ANNUAL REPORT		TERMINATION REPORT?	YES		λ SEC	τιον						
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Department of State
Bureau of Commissions, Elections and Legislation
210 North Office Building
Harrisburg, PA 17120-0029
(717) 787-5280

DSEB-503 (12-99)