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	,			REPORT FILED ON BEHALF OF	CA	NDIDATE	1. C	OMMITTEE	\succeq	LOSBYIST	1.
NAME OF FILING COMMITTEE	, CANDIDATE OR LOBBYIST	1									
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P.O. Co.	< 48										
CITY			5	PA			ZIP CODE	03	1		
FLOURTOWN		<u>,</u>		. , ,	1.		11		\ o-	EL FOTIO	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT	BY CANDIDATE ATTOWN	1	DISTRICT	NO. P	ARTY		MO.	D/		ear 207
6TH TUESDAY PRE-PRIMARY	DISTRICT	O. DAY YEAR	/ 	. DAY Y	/EAR			• •	OFFICE	USE ONLY	
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD	1 1 10	10 3	5 3 /	0						
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Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280