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	λ	COMMITTEE	2	LOBBYIST	3.
NAME OF FILING COMMITTEE, CAND	idate or LOBBYIST Ch Ch	nchez					· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	o Shergeen No	ad						
Jen	unton	STATE		ZIP CODE	904/	o —		
TYPE OF REPORT (CHECK ONE)	Controller	DISTRICT NO	. PARTY Dem		MO.	DA		EAR
6TH TUESDAY 1. PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR			FOR C	OFFICE	USE ONLY	015
2ND FRIDAY PRE-PRIMARY	DATES OF	" // 23 15					CL. 7	
30 DAY POST-PRIMARY	CAŞH BALANCE AT END OF REPORTING PERIOD:	8 8						
6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S	· · · · · · · · · · · · · · · · · · ·						
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIAB AT THE END OF REPORTING PI						io An	
30 DAY	AMENDMENT YES	NO V						
ANNUAL REPORT	TERMINATION YES	NO /		Ì				
				L				
	AF	FIDAVIT SECTION	N.					
If statement is filed on	n behalf of a <u>Political Committee c</u> n behalf of a Candidate, the Cand	or Candidates's Con	n <u>mittee,</u> the	Treas	surer mu	ıst siç	gn here	
If statement is filed on if statement is filed or if statement is filed or if statement is filed or	behalf of a Political Committee o	or Candidates's Conidate must sign here t, the Lobbyist must	nmittee, the e. sign here.	RTING PE	RIOD INDICA	ATED A	BOVE OID I	NOT
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Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280