

COMMONWEALTH OF PENNSYLVANIA
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	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Paige Van Wirt								
STREET ADDRESS 42 W Market Street								
CITY Bethlehem			STATE PA		ZIP CODE 18018			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
	Bethlehem City Council				D	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1					11	05	2019
2ND FRIDAY PRE-PRIMARY	2							
30 DAY POST-PRIMARY	3							
6TH TUESDAY PRE-ELECTION	4							
2ND FRIDAY PRE-ELECTION	5							
30 DAY POST-ELECTION	6							
ANNUAL REPORT	7							
		DATES OF REPORTING PERIOD						
		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		10	25	2019		12	05	2019
		CASH BALANCE AT END OF REPORTING PERIOD:			\$	0		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$	0		
		AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY								

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

