

**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	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Committee to Elect Dylan Altemara</b>									
STREET ADDRESS <b>305 High Street</b>									
CITY <b>Elizabeth</b>				STATE <b>PA</b>		ZIP CODE <b>15037</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>County Council</b>		DISTRICT NO. <b>9</b>	PARTY <b>D</b>	DATE OF ELECTION			
						MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY		1.				<b>05</b>	<b>20</b>	<b>2025</b>	
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. <input checked="" type="checkbox"/>							

DATES OF REPORTING PERIOD		MO.		DAY		YEAR		TO		MO.		DAY		YEAR	
		<b>01</b>		<b>01</b>		<b>2024</b>				<b>12</b>		<b>31</b>		<b>2024</b>	

CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>5.00</b>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>0.00</b>	

AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>

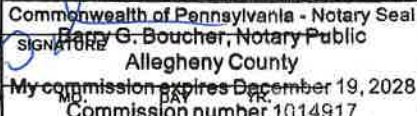
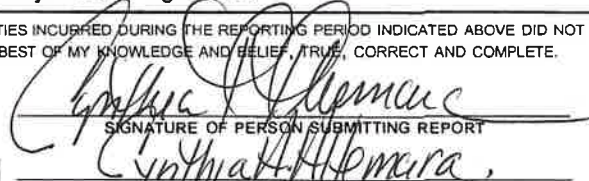
2025 JAN 28 PM 3:32  
 DEPT OF ELECTIONS

**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 NOT 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 <b>25</b> DAY OF <b>JAN</b> 20 <b>25</b>  MY COMMISSION EXPIRES	SIGNATURE OF PERSON SUBMITTING REPORT  PRINTED NAME <b>Cynthia Altemara</b> AREA CODE <b>412</b> DAYTIME TELEPHONE NUMBER <b>583-1165</b>

**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 <b>Dylan A. Altemara</b> AREA CODE <b>412</b> DAYTIME TELEPHONE NUMBER <b>713-4155</b>