Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20100	095				Repo			CA	NDII	DATE		СОМИ	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyis	st:	i	DAVI	s,	TINA	FRIE	NDS	OF								
Street Address:	505 G	GRANT AV	/E																	
City:	CROY	DON								State	e:	PA			Zip Cod	le: 19	021			
TYPE OF REPORT	6TH TUES		1.	2ND I PRIM	FRIDAY ARY	/ PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUES		4.	2ND I	FRIDAY TION	/ PRE	- 5		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL	REPORT	7. X	Year	2014					NG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by	Candidat	e:				•			DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THI	E GENER	AL ASS	EMBL'	Y					МО		DAY	Y	'EAR	141	STH	DE	1	09	
		_									11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DA		YEAR		T	^	МО		DAY		'EAR	FO	R OFFIC	E USE	ONLY	•	
-				11	25	20	014		1		12		31	2014						
A. Amount Bro				-		School	dula i	T\	\$				13,	,927.87 2.30						
						Schee	uuie .		\$											
C. Total Funds D. Total Expend					•)				\$,930.17						
E. Ending Cash	•				lina C	••			\$					560.00						
F. Value Of In-		•					e II)		\$				9,	0.00	! 					
G. Unpaid Debt									\$ \$					0.00						
						AFF	IDA'	VIT			ON				ı					
PART I - If this is	s a Commi	ttee repo	ort, trea	surer	sign h							port, c	cand	idate sig	ın here.					
I swear (or affirm)		eport, inclu	uding the	attacl	ned sch	edules	filed	on p	paper	or by e	electr	onic m	ediur	n, are to t	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20										Signature	of Perso	n Submitt	ing Re _l	oort		-
		Signatur	'e	-					-						Prin	ted Name				_
My Commission Ex	cpires	0.9	_								•				Emai	il				-
	1	10	D/	ΑY		YR						Arc	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	autho	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before	e me this		20										Si	ignature o	of Candida	ite			_
				20 -											Printe	d Name				-
My Commission Exp		ignature							•		-				Ema	il				-
, commission exp	_																			_
		МО	D	AY		YR						Area	Code	•	Da	ytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DAVIS, TINA FRIENDS OF	From:	11/25/2014	<u>4</u> То:	12/31/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	2.30
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2.30

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commit	tee or Candidate		Rep	orting P	eriod			
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

2.30

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candi	idate		Report	ing Perio	d			
DAVIS, TINA FRIENDS OF			From:		11/25/201	<u>.4</u> To:	12/31/20	<u>14</u>
				D	ATE		AMOUNT	
Full Name PFFCU				МО	DAY	YEAR		
Mailing Address							\$	2.30
City PHILADELPHIA	State PA	Zip Code (19107	Plus 4)	12	31	2014	•	
Receipt Description INTERES	Г							
Enter Grand Total of Part E on So	chedule I. Detailed	l Summary Page.	Section	4.			PAGE TOT	AL

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	od	
DAVIS, TINA FRIENDS OF	From:	<u>11/25/2014</u> To:	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
DAVIS, TINA FRIENDS OF			From	11/2	5/2014	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid HFC			МО	DAY	YEAR		
Mailing Address http://food	inbucks.org		11	25	2014	\$	100.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Descrip DONAT	otion of Exp	penditure		
To Whom Paid MARIE PLUTA			МО	DAY	YEAR		
Mailing Address 2 IDLEWOO	DD		11	25	2014	\$	100.00
City LEVITTOWN	State PA	Zip Code (Plus 4) 19057		otion of Exp	penditure		
To Whom Paid BILLY SABO			МО	DAY	YEAR		
Mailing Address 2524 WOO	D STREET		11	25	2014	\$	100.00
City BRISTOL	State PA	Zip Code (Plus 4) 19007		otion of Exp	penditure		
To Whom Paid BRIAN POTENA			МО	DAY	YEAR		
Mailing Address 215-785-3	117		11	25	2014	\$	100.00
City CROYDON	State PA	Zip Code (Plus 4) 19021		otion of Exp	penditure		
To Whom Paid BRUCE PRENDERGAST			МО	DAY	YEAR		

Mailing Address

LEVITTOWN

City

1 REDBOOK LANE

State

PΑ

100.00

25

Description of Expenditure

CAMPAIGN HELP

2014

11

Zip Code (Plus 4)

19055

To Whom Paid JOHN RIOTTA			МО	DAY	YEAR		
Mailing Address 262 LOUISE	LANE		11	25	2014	\$	100.00
City CROYDON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19021	CAMPA	IGN HELP			
To Whom Paid SHRED-IT			мо	DAY	YEAR		
Mailing Address 796 HAUNTE	D LANE		11	25	2014	\$	1,250.00
City BENSALEM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19020	SHRED	DING EVE	NT FOR C	OMMUN	ITY
To Whom Paid MIDDLETOWN TOWNSHIP			МО	DAY	YEAR		
Mailing Address 3 MUNICIPAL	_ WAY		11	25	2014	\$	150.00
City LANGHORNE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19047	CONTR	IBUTION			
	17	15047	CONTR	IDOTION			
To Whom Paid AMERISEVA		19047	мо	DAY	YEAR		
		15047			YEAR 2014	\$	250.00
AMERISEVA	State	Zip Code (Plus 4)	MO	DAY	2014	\$	250.00
AMERISEVA Mailing Address PO BOX 584			MO	DAY 25	2014	\$	250.00
AMERISEVA Mailing Address PO BOX 584	State	Zip Code (Plus 4)	MO 11 Descrip	DAY 25	2014	\$	250.00
AMERISEVA Mailing Address PO BOX 584 City BENSALEM To Whom Paid	State	Zip Code (Plus 4)	MO 11 Description	DAY 25 btion of Exp	2014 penditure	\$	250.00
AMERISEVA Mailing Address PO BOX 584 City BENSALEM To Whom Paid CAROLYN DEP	State	Zip Code (Plus 4)	MO 11 Descrip DONAT MO	DAY 25 Ition of Exp ION DAY	2014 penditure YEAR 2014		
AMERISEVA Mailing Address PO BOX 584 City BENSALEM To Whom Paid CAROLYN DEP Mailing Address LEVITTOWN	State PA	Zip Code (Plus 4) 19020	MO 11 Descrip DONAT MO 11 Descrip	DAY 25 Otion of Exp ION DAY 30	2014 penditure YEAR 2014		
AMERISEVA Mailing Address PO BOX 584 City BENSALEM To Whom Paid CAROLYN DEP Mailing Address LEVITTOWN	State PA State	Zip Code (Plus 4) 19020 Zip Code (Plus 4)	MO 11 Descrip DONAT MO 11 Descrip	DAY 25 ION DAY 30 Stion of Exp	2014 penditure YEAR 2014		
Mailing Address PO BOX 584 City BENSALEM To Whom Paid CAROLYN DEP Mailing Address LEVITTOWN City LEVITTOWN	State PA State PA	Zip Code (Plus 4) 19020 Zip Code (Plus 4)	MO 11 Description MO 11 Description CAMPA	DAY 25 ION DAY 30 Stion of Exp IGN HELP	2014 Penditure YEAR 2014 Denditure		
AMERISEVA Mailing Address PO BOX 584 City BENSALEM To Whom Paid CAROLYN DEP Mailing Address LEVITTOWN City LEVITTOWN To Whom Paid BOLTON MANSION	State PA State PA	Zip Code (Plus 4) 19020 Zip Code (Plus 4)	MO 11 Descrip DONAT MO 11 Descrip CAMPA MO	DAY 25 DAY 30 DAY DAY DAY	2014 YEAR 2014 Penditure YEAR 2014	\$	100.00

Mo							PAGI	= 13	
State PA	To Whom Paid GUARDIANS OF THE NATL CEMETARY				DAY	YEAR			
To Whom Paid BOB MASON	Mailing Address PO BOX 233			12	1	2014	\$	100.00	
Mailing Address 32 APPLETREE DRIVE 12 8 2014 \$ 100.00	City NEWTOWN								
State PA	To Whom Paid BOB MASON				DAY	YEAR			
PA	Mailing Address 32 APPLETREE DRIVE			12	8	2014	\$	100.00	
Mailing Address PO BOX 27331	City LEVITTOWN								
City Levittown State PA PA State PA 19118 City Levittown State PA State PA State PA Description of Expenditure CONTRIBUTION MO DAY YEAR MO DAY YEAR PA State PA		ΞΥ		МО	DAY	YEAR			
To Whom Paid DIANA CARINO HOTSY TOTSY TRIO Mailing Address 3001 GREEN LANE State PA 1915 To Whom Paid R & R CATERERS Mailing Address 3040 GLENN AVE City BENSALEM State PA 2ip Code (Plus 4) 19057 State PA 2ip Code (Plus 4) 2ip Code (Plus 4) 2ip Code (Plus 4) 3ip Code (Plus 4)	Mailing Address PO BOX 2	7331		12	12 8 2014 \$ 250.			250.00	
Mailing Address 3001 GREEN LANE City LEVITTOWN State PA 19057 To Whom Paid R & R CATERERS Mailing Address 3040 GLENN AVE PA 2ip Code (Plus 4) 19057 MO DAY YEAR To Whom Paid 19020 MO DAY YEAR	City PHILADELPHIA								
City LEVITTOWN State PA 19057 SINGING GROUP FOR VETERANS EVENT To Whom Paid R & R CATERERS Mailing Address 3040 GLENN AVE State PA State 19057 MO DAY YEAR 2ip Code (Plus 4) 19057 To Whom Paid PA State PA 2ip Code (Plus 4) 19020 To Whom Paid PA Indiang Address 27 INBROOK ROAD State PA State PA 2ip Code (Plus 4) 19020 To Whom Paid PA Indiang Address 27 INBROOK ROAD State PA Zip Code (Plus 4) 19020 Description of Expenditure X To Whom Paid PA Indiang Address 27 INBROOK ROAD State PA Zip Code (Plus 4) 12 24 2014 State PA Indiang Address 27 INBROOK ROAD Description of Expenditure	To Whom Paid DIANA CARINO HOTSY TOTSY TRIO			МО	DAY	YEAR			
To Whom Paid R & R CATERERS Mo DAY YEAR To Whom Paid JIMMY SMITH Mo DAY YEAR MO	Mailing Address 3001 GREEN LANE			12	11	2014	\$	450.00	
Mailing Address 3040 GLENN AVE 12 17 2014 \$ 960.00	City LEVITTOWN								
City BENSALEM State PA 19020 To Whom Paid JIMMY SMITH Mailing Address 27 INBROOK ROAD State PA 2ip Code (Plus 4) 19020 To Whom Paid JIMMY SMITH Mo DAY YEAR 12 24 2014 \$ 100.00 City LEVITTOWN State Zip Code (Plus 4) Description of Expenditure				МО	DAY	YEAR			
To Whom Paid JIMMY SMITH Mailing Address 27 INBROOK ROAD State Zip Code (Plus 4) Description of Expenditure Description of Expenditure X YEAR 100.00	Mailing Address 3040 GLENN AVE			12	17	2014	\$	960.00	
JIMMY SMITH Mo DAY YEAR Mailing Address 27 INBROOK ROAD 12 24 2014 \$ 100.00 City LEVITTOWN State Zip Code (Plus 4) Description of Expenditure	City BENSALEM								
City LEVITTOWN State Zip Code (Plus 4) Description of Expenditure	To Whom Paid JIMMY SMITH			МО	DAY	YEAR			
LEVITIONIN Description of expenditure	Mailing Address 27 INBROOK ROAD				24	2014	\$	100.00	
	City LEVITTOWN								

To Whom Paid ELAINE PIATEK			МО	DAY	YEAR		
Mailing Address 1805 ARNOLD STREET			12	6	2014	\$	50.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19152	Description of Expenditure DONATION FOR FUND RAISER				
To Whom Paid SHARON DIPINTO			мо	DAY	YEAR		
Mailing Address 505 CLAYMONT AVE			11	25	2014	\$	100.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure CAMPAIGN HELP				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
							4,560.00