

# Campaign Finance Report

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

Filer Identification Number :		2010095		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: DAVIS, TINA FRIENDS OF													
Street Address: 505 GRANT AVE													
City: CROYDON						State: PA				Zip Code: 19021			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	-1		DEM	09	
						11	7	2017	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		11	28	2017		12	31	2017					
A. Amount Brought Forward From Last Report						\$ 33,223.20							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 36,506.49							
C. Total Funds Available (Sum Of Lines A and B)						\$ 69,729.69							
D. Total Expenditures (From Schedule III)						\$ 2,255.69							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 67,474.00							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

## AFFIDAVIT SECTION

### PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

### Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DAVIS, TINA FRIENDS OF	From: <u>11/28/2017</u> To: <u>12/31/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 36,500.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 36,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 6.49

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 36,506.49
---	--------------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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.**

<b>Name of Filing Committee or Candidate</b>  DAVIS, TINA FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2017</u> <b>To:</b> <u>12/31/2017</u>
--	--

				DATE		AMOUNT	
Full Name of Contributing Committee PECO PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 MARKET ST S14-2				12	1	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103-0000					
Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION PAC				MO	DAY	YEAR	\$ 25,000.00
Mailing Address 2791 SOUTHAMPTON ROAD				12	7	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributing Committee PSCOA PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 2421 N FRONT STREET				12	19	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 PAC				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 2706 BLACK LAKE PLACE				12	18	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributing Committee BOILER MAKERS LOCAL				MO	DAY	YEAR	\$ 500.00
Mailing Address 13200 NEW FALLS ROAD				12	29	2017	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19056					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**

\$ 36,500.00

**PART D**  
**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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## PART E 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.**

<b>Name of Filing Committee or Candidate</b>  DAVIS, TINA FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2017</u> <b>To:</b> <u>12/31/2017</u>
--	--

				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
PFFCU							
<b>Mailing Address</b> 901 ARCH STREET				12	31	2017	\$ 6.49
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107					
<b>Receipt Description</b> BANK INTEREST							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>
\$ 6.49



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
DAVIS, TINA FRIENDS OF		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City		State		Zip Code(Plus 4)			
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code(Plus 4)	Description of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DAVIS, TINA FRIENDS OF	From <u>11/28/2017</u> To: <u>12/31/2017</u>

DATE				AMOUNT		
To Whom Paid BARBARA HOFFMAN			MO	DAY	YEAR	\$ 30.00
Mailing Address 331 INDIAN CREEK DRIVE			11	28	2017	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19057	Description of Expenditure REIMBURSEMENTS			
To Whom Paid EB CITY AMP STATE PA			MO	DAY	YEAR	\$ 37.92
Mailing Address eventbrite.com			11	29	2017	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94112	Description of Expenditure PURCHASE TICKETS			
To Whom Paid NETWORK FOR GOOD			MO	DAY	YEAR	\$ 250.00
Mailing Address 1140 CONNECTICUT AVENUE SUITE 700			11	29	2017	
City WASHINGTON	State DC	Zip Code (Plus 4) 20036	Description of Expenditure DONATION			
To Whom Paid ASHBURNER INN			MO	DAY	YEAR	\$ 63.75
Mailing Address 8400 TORRESDALE AVENUE			11	30	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure MEETING			
To Whom Paid NGP VAN OR EVERY ACTION DC			MO	DAY	YEAR	\$ 195.00
Mailing Address 1101 15TH STREET NW STE 500			12	2	2017	
City WASHINGTON	State DC	Zip Code (Plus 4) 20005	Description of Expenditure ONLINE EXPENSES			

To Whom Paid NEWPORTVILLE FIRE COMPANY			MO	DAY	YEAR	\$ 100.00
Mailing Address 2425 NEW FALLS ROAD			12	5	2017	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19156	Description of Expenditure DONATION			

To Whom Paid OLIVE GARDEN			MO	DAY	YEAR	\$ 48.10
Mailing Address 5012 JONESTOWN ROAD			12	5	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure MEETING			

To Whom Paid BRISTOL TOWNSHIP SENIORS			MO	DAY	YEAR	\$ 250.00
Mailing Address 2501 BATH ROAD			12	8	2017	
City BRISTOL	State PA	Zip Code (Plus 4) 19007	Description of Expenditure DONATION			

To Whom Paid BUCKS COUNTY DEMOCRATIC COMM			MO	DAY	YEAR	\$ 100.00
Mailing Address 123 N BROAD STREET SUITE B			12	11	2017	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure DONATION			

To Whom Paid PERRY WARREN FOR STATE REP			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 420			12	12	2017	
City NEWTOWN	State PA	Zip Code (Plus 4) 18940	Description of Expenditure DONATION			

To Whom Paid THREE MONKEYS CAFE			MO	DAY	YEAR	\$ 53.60
Mailing Address 9645 JAMES STREET			12	15	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114	Description of Expenditure MEETING			

<b>To Whom Paid</b> NOVOTEL HOTEL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 226 W 52ND STREET			12	3	2017	
<b>City</b> NY	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10019	<b>Description of Expenditure</b> TRAVEL EXPENSES			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 2,255.69

