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 2018	0081			Repor Filed I		CA	NDI	DATE		COM	AITTEE	Y	LUB	D1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	-	Tina Da	vis fo	r Sta	te S	enate							
Street Address:	PO BOX 233															
City:	Croydon						State	e:	PA			Zip Co	de: 19	9021		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2018				NG MI CHEC					PAPER		\checkmark	DISKE	TTE
Name of Office S	ought by Candidat	:e:					DAT	ΈΟ	F ELEC	CTIO	N	District Number	Office Code	Pai	rty Code	County Code
							МО		DAY	YE	AR					
								11		6	2018		(SEE IN	STRUCTI	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 27	20)18 T	0		12	3	31	2018					
A. Amount Bro	ught Forward Fron	ı Last R	eport			\$				5,9	919.24					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	dule I)	\$				1	100.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				6,0)19.24					
D. Total Expend	ditures (From Sche	edule II	I)			\$				4,8	310.91					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				1,2	08.33					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			'		
					IDAVI											
	that this report, incl		_						-		_		f my kno	wledge	and belie	ef , true
•	cribed before me this										ianature	of Perso	n Suhmit	tina Re	nort	
	day of		_ 20			_								9 110		
	Signatur	·e				_						Prin	ted Name	e		
My Commission Ex	· —					_						Ema	il			
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	none Nu	mber	
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Sworn to and Subsc	day of		20								S	ignature (of Candid	ate		
			_			_						Printe	ed Name			
My Commission Exp	Signature ires											Ema	il			
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephoi	ne Numbe	<u> </u>

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
Tina Davis for State Senate	From:	11/27/202	<u>18</u> To:	12/31/2018			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	Period	(1)	\$	100.00			
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)	All Other Contributions (Part B)						
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)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	100.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting				
		From:				:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL \$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 Filling Committee of Candidate				Reporting Period From: To:					
			l		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 Candidate	ame of Filing Committee or Candidate Repo		Reporting	Reporting Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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				Reporting Period					
				Fror	n:		То):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
lailing ddress State Zip Code (Plus 4)								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.00

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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	0.00

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	iod							
Tina Davis for State Senate	From:	<u>11/27/2018</u> To:	12/31/2018						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ne of Filing Committee or Candidate				Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period				
Tina Davis for State Senate			From	11/2	7/2018	То:	12/31/2018	
				AMOUNT				
To Whom Paid ACT BLUE			МО	DAY	YEAR			
Mailing Address PO Box 44114	46		12	4	2018	\$	77.50	
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Merchant Fees					
To Whom Paid ACT BLUE	МО	DAY	YEAR					
Mailing Address PO Box 44114	12	11	2018	\$	183.25			
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Descrip Mercha					
To Whom Paid Capitol Promotions		•	мо	DAY	YEAR			
Mailing Address 249 N Keswic	k Ave		12	6	2018	\$	1,852.88	
City Glenside	State PA	Zip Code (Plus 4) 190384803	Descrip Lawn S	otion of Exp Signs	penditure			
To Whom Paid Comcast	•		мо	DAY	YEAR			
Mailing Address PO Box 3001			11	29	2018	\$	133.44	
State Southeastern PA Zip Code (Plus 4) 193983001				otion of Exp		2		
To Whom Paid Vanessa Gervasi DeRose			МО	DAY	YEAR			
iling Address 50 Ravenwood Dr E				1		1		

Zip Code (Plus 4)

082101139

Description of Expenditure

Fundraising Consulting

State

NJ

City

Cape May Court House

To Whom Paid PNC			МО	DAY	YEAR			
Mailing Address 35 Con	nmerce Circle		11	30	2018	\$	452.20	
City Croydon	State PA	Zip Code (Plus 4) 19021	Description of Expenditure Merchant Fees					
To Whom Paid PNC			МО	DAY	YEAR			
Mailing Address 35 Con	nmerce Circle		12	3	2018	\$	32.14	
City Croydon	State PA	Zip Code (Plus 4) 19021	Description of Expenditure Merchant Fees					
To Whom Paid PNC			МО	DAY	YEAR			
Mailing Address 35 Con	nmerce Circle		12	31	2018	\$	79.50	
City Croydon	State PA	Zip Code (Plus 4) 19021	Description of Expenditure Corporate Account Analysis Charge					
Enter Grand Total of Ev	penditures on Page 1, Rep	oort Cover Page Item D	•				PAGE TOTAL	
Linter Grand Total Of Lx	penditures on Page 1, Rep	oit cover rage, Item D				\$	4,810.91	