

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 : 20190231		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: DAVIS, ROSIE FOR PA							
Street Address: 316 SHAWNEE VALLEY DRIVE							
City: EAST STROUDSBURG				State: PA		Zip Code: 18302	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: AUDITOR GENERAL				DATE OF ELECTION		District Number	Office Code
				MO	DAY	YEAR	
				11	3	2020	
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	FOR OFFICE USE ONLY	
		3	10	2020			
A. Amount Brought Forward From Last Report				\$	220.11		
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	1,301.45		
C. Total Funds Available (Sum Of Lines A and B)				\$	1,521.56		
D. Total Expenditures (From Schedule III)				\$	269.73		
E. Ending Cash Balance (Subtract Line D From Line C)				\$	1,251.83		
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

Name of Filing Committee or Candidate	Reporting Period
DAVIS, ROSIE FOR PA	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 109.13

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)	\$ 392.32
TOTAL for the Reporting Period (2)	\$ 392.32

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)	\$ 800.00
TOTAL for the Reporting Period (3)	\$ 800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,301.45
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PART B
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 Committee or Candidate DAVIS, ROSIE FOR PA	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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DATE	AMOUNT
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Full Name of Contributor Herbert Reid	MO	DAY	YEAR	
Mailing Address 1910 Spring Garden St				\$ 198.12
City Philadelphia State PA Zip Code (Plus 4) 19130	5	6	2020	

Full Name of Contributor Doris J Davis	MO	DAY	YEAR	
Mailing Address 316 Shawnee Valley Drive				\$ 194.20
City East Stroudsburg State PA Zip Code (Plus 4) 18302	5	10	2020	

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

PAGE TOTAL
\$ 392.32

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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 DAVIS, ROSIE FOR PA	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE			AMOUNT
Full Name of Contributor Tinita Murray				MO	DAY	YEAR	\$ 300.00
Mailing Address 2601 Hilltop				4	13	2020	
City Richmond	State CA	Zip Code (Plus 4) 94806					
Employer Name Veterans Admin				Occupation Psychiatric Therapist			
Employer Mailing Address/Principal Place of Business 1301 Clay Street			City Oakland		State CA	Zip Code (Plus 4) 94612	
Full Name of Contributor James Garner				MO	DAY	YEAR	\$ 500.00
Mailing Address 20 Wendell				3	31	2020	
City Hempstead	State NY	Zip Code (Plus 4) 11550					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Hempstead		State NY	Zip Code (Plus 4) 11550	

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

PAGE TOTAL
\$ 800.00

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.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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 Period	
DAVIS, ROSIE FOR PA		From: <u>3/10/2020</u> To: <u>5/18/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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			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.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
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

Name of Filing Committee or Candidate	Reporting Period
DAVIS, ROSIE FOR PA	From <u>3/10/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Authorize.net				
Mailing Address PO Box 947	5	1	2020	\$ 2.00
City American Fork	State UT	Zip Code (Plus 4) 84003	Description of Expenditure Bank card fee	
To Whom Paid	MO	DAY	YEAR	
Authorize.net				
Mailing Address PO Box 947	4	2	2020	\$ 45.29
City American Fork	State UT	Zip Code (Plus 4) 84003	Description of Expenditure credit card processing fees	
To Whom Paid	MO	DAY	YEAR	
Authorize.net				
Mailing Address PO Box 947	5	4	2020	\$ 44.99
City American Fork	State UT	Zip Code (Plus 4) 84003	Description of Expenditure credit card processing fees	
To Whom Paid	MO	DAY	YEAR	
Authorize.net				
Mailing Address PO Box 947	3	13	2020	\$ 24.27
City American Fork	State UT	Zip Code (Plus 4) 84003	Description of Expenditure credit card processing fees	
To Whom Paid	MO	DAY	YEAR	
Godaddy				
Mailing Address 14455 N. Hayden Road	5	15	2020	\$ 44.35
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Copies	
To Whom Paid	MO	DAY	YEAR	
Godaddy				
Mailing Address 14455 N. Hayden Road	5	17	2020	\$ 33.15
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure office supplies	

To Whom Paid Godaddy			MO	DAY	YEAR	\$ 75.68
Mailing Address 14455 N. Hayden Road			4	24	2020	
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Software renewals			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 269.73

