### **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 2020	C1225				por ed E		CAND	IDATE	<b>✓</b>	CO	MMITTEE		LOBE	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		DA	VIS,	ROSE	MARIE								
Street Address:																
City:						State:					<b>Zip Code:</b> 18302					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		POST-	POST- 6. TERMINATION REPORT?			ION	Yes	No	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					IG METH CHECK (				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	Cought by Candida	te:	•					DATE	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YEAR		-1	AUD	DEM	1	45
AUDITOR GENE	ERAL							1	1	3 20	020	-	(SEE INS	STRUCTIO	ONS FOR C	CODES)
Summary of	Receipts and	МО	DAY	YEAF	2			МО	DAY	YEAR		FOR	OFFIC	E USE	ONLY	
Expenditures	from:		5 19	2	020	T	0		7	2 20	020					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			0	.00					
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule	e I)	\$			0	.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			4	\$	7		0	.00					
D. Total Expend	ditures (From Sch	edule II	<b>I</b> )		4		\$			0.	.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	c) <sup>'</sup>		b	\$	$\mathcal{I}$		0.	.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	ile I	1)	\$			0.	.00					
G. Unpaid Debt	s And Obligations	(From	Schedule IV			1	\$			0.	.00		•			
				AFF	FID,	AVI	T SE	CTION	l							
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	his is	a Car	ndidate	report, o	candidate	e sig	n here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding th	e attached scl	hedule	s file	ed on	paper	or by elec	ctronic m	edium, are	e to ti	ne best of	my knov	vledge a	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s )	20							Signa	ature	of Person	Submitt	ing Rep	ort	
	Signatu	ire					_					Printe	d Name	ı		
My Commission Ex	cpires						_					Email				
	МО	D	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comr	nitte	ee, C	andid	ate shal	l sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and beli	ef this	s poli	itical	comm	ittee has	not viola	ted any pr	rovisi	ons of the	act of Ju	ıne 3,19	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this										Si	gnature of	Candida	ite		
	day of ————————————————————————————————————						_					Printed	Name			<u> </u>
	Signature						-									
My Commission Exp	ires											Email				
	МО	D	AY	YR	2		_		Area	Code		Day	time Te	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate		Reporting	g Period		
DAVIS, ROSE MARIE		From:	<u>5/19/202</u>	<u>0</u> To:	7/2/2020
1. Unitemized Contributions Received - \$ 50.00 or Lo	ess Per Contributor				
	TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (Fro	m 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
				7	
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, Return	ed Checks, Etc . (From Part E)				
	TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During totals from Boxes 1,2,3 and 4; also enter this amo	g this Reporting Period (Add and ount on Page1, Report Cover Pag	enter am e, Item B.	ount )	\$	0.00

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Re	Reporting Period					
			Fro	om:		To	:		
		·			DATE		АМО	UNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							s	0.00	
City	State	Zip Code (Plus 4	1)						

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 Filing Committee or Candidate				Reporting Period						
F			From: To:				<b>:</b>			
					DATE		AMOUNT			
Full Name of Contributor					DAY	YEAR	1 1			
Mailing Address						1	\$	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			Reporting	Period				
			From:			То:		
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	7	
Mailing Address								0.00
City	State	Zip Code	e (Plus 4)					
					1		PAGE TO	DTAL
Enter Grand Total of Part C on Sched	ule 1, 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						
			Fron	m:		To:			
				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion		>		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4	1)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ummary Page,	Section	on 3.		\$	PAGE TOT	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			Reporting Period						
			From:			To:			
				D	ATE		AMOUN	Т	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description				_			7		
Enter Grand Total of Part E on Schedu	le T. Detailed Summ	aary Bage	Section		,		PAGE TO	OTAL	
Litter Grand Total of Part L on Schedu	ie 1, Detailed Suilli	iai y Page,	Section		1	4	<b>s</b>	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 Pe	riod	
DAVIS, ROSE MARIE	From:	<u>5/19/2020</u> <b>To:</b>	7/2/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	OR	
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** 

	VALUE	71 450101 10	Ψ25010				
Name of Filing Committee or Candidate			Reporting	Period			
			From:				
				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 Sched Section 2.	ule II, In-Kind Co	entributions Deta	ailed Sum	mary Pag	je, \$	PAGE TOT	<b>AL</b> 0.00
		P					

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Reporting Period							
Name of Filing Committee of Candidate			Rep	orting	Period			
			Fro	m:		To:		
					DATE		AMOU	N I
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code(Plus 4)						
						•		
Employer of Contributor				Occup	ation		)/	
Employer Mailing Address/Principal Plac	ce of Business	City	State	e Zip	Code(Plus 4)	Descrip	tion of Contrib	ution
Enter Grand Total of Part G on Sch	edule II, In-Kind	d Contributions De	etaile	d			PAGE	TOTAL
Summary Page, Section 3.								0.00
					V			
		Q		//				

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period							
			From								
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Mailing Address				<b>\$</b>	0.00						
City	ity State Zip Code (Plus 4)				Description of Expenditure						
Enter Grand Total of Expenditures o	n Page 1, Report C	over Page, Item D				\$	PAGE TOTAL 0.00				

