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 2021	0173			Rep File	port		CAI	NDI	DATE		СОМ	AITTEE	~	LC	1001	151	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		COM	1MI	LLEE .	TO EL	ECT.	NATH	AN (COVING	TON FO	R STAT	ΓE SE	NAT	E PA-	22
Street Address:	PO BOX 403																	
City:	MOUTAINHOM	1E						State	:	PA			Zip Co	de: 1	8342	2-04	03	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA		P	POST- 3.			AMENDMENT REPORT?		Ye	S	No	\
(place X to the right of	TIRE ELECTION ELECTION					P	POST-	6.		TERMINATION REPORT?		Yes	s	No				
report type)	eport type) ANNUAL REPORT 7. Year 2021							NG ME					PAPER		Y		ISKET	TE
Name of Office S	- Sought by Candida	te:						DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	e	Party		County Code
								МО		DAY	Y	EAR			L	LIB		45
									11		2	2021		(SEE I	NSTRU	CTION	S FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FC	R OFF1	CE U	SE C	NLY	
			5 5	2	021	Т	0		6	1	1	2021						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	· I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$					12.22						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(12.22)						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	:)	\$					12.22						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00			•			
				AFF	IDA	١٧٢	T SE	CTIC	NC									
I swear (or affirm)	that this report, incl	-	_									_		f my kno	owled	ge ar	ıd belie	f , true
correct and comple	ete. cribed before me this	.										C:t	-f D	Cb	*****	.		
	day of		20				_					Signature	of Perso	ii Subiiii	ttillg i	керо		
	Signatu	re					_						Prin	ted Nam	ie			
My Commission Ex	· —						_		•		_		Ema		_			
	МО		AY	YR		_					a Co	de	Daytin	ne Telep	hone	Num	ber	
	a report of a cand that to the best of n					•						ny provis	ions of th	e act of	lune 3	2 107	7 (D I	1333
No 320) as amende	ed.	ny Kilowi	suge and ber	ici tilis	pone	icai	Comm		u3 11		.cu a	ny provis	10113 01 111	e act or .	June 3	,,155	7 (F.E.	
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candi	date			
							-						Printe	ed Name				
My Commission Exp	Signature ires						_						Ema	il				—
	МО	D	AY	YR			-			Area	Code		D	aytime '	Teleph	none	Numbe	r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT NATHAN COVINGTON FOR STATE SENATE PA-22	From:	5/5/202	<u>1</u> To:	6/11/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee or Candidate Fro				oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	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

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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
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/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
COMMITTEE TO ELECT NATHAN COVINGTON FOR STATE SENATE PA-22	From:	<u>5/5/2021</u> To:	6/11/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	12.22
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, 1		\$	12.22

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	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	Reporting Period	
	From:	То:

				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor			<u> </u>		Occupat	tion			
Employer Mailing Address/Pr Business	incipal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of (Contribution
Enter Grand Total of Part Summary Page, Section 3		, In-Kind	Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period	
COMMITTEE TO ELECT NATHAN COVINGTON FOR STATE SENATE PA-22	From	<u>5/5/2021</u>	To: 6/11/2021
		DATE	AMOUNT

				DATE		AMOUNT	
To Whom Paid Stripe Inc			мо	DAY	YEAR		
Mailing Address 510 Townsend Street			5	6	2021	\$	11.04
City San Francisco	State CA	Zip Code (Plus 4) 94103	Description of Expenditure Google Ads				
To Whom Paid Stripe Inc			МО	DAY	YEAR		
Mailing Address 510 Townsend Street			5	6	2021	\$	1.18
City San Francisco	State CA	Zip Code (Plus 4) 94103	Description of Expenditure credit card processing fees				
Forter Construction of Francisco	:		•				PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	·•			\$	12.22