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 :	ion 2018	0160			Repor Filed		CAN	IDI	DATE	СОМ	MITTEE	✓	LOBBYIST		
Name of Filing C	Committee, Candida	ate or Lo	bbyist:	! 	FRIEND	S OI	F MATT	NE	LSON						
Street Address:	64 CRESTVIE	W DR.													
City:	EAST BERLIN						State	:	PA		Zip Code: 17316				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE-	· 2.	30 D PRII	DAY MARY	Ρ	POST- 3	•	AMENDI REPORT		Yes 🗸 N	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.	30 ELE	DAY CTION	Ρ	POST- 6	ST- 6.		ATION ?	Yes 🗸 N	0	
report type)	ANNUAL REPORT	7. X	Year 2019				ING ME) CHECH				PAPER			ETTE	
Name of Office S	Sought by Candidat	te:					DATI	0	F ELECT	TION	District Number		Party Code	e County Code	
							мо		DAY	YEAR			DEM		
								11	5	2019	2	(SEE IN	STRUCTIONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо		DAY	YEAR	FC	OR OFFIC	CE USE ONLY	,	
Expenditures	s from:	1	1 26	20	019 1	0		12	31	2019)				
A. Amount Bro	ught Forward Fron	n Last Re	port				\$			1,804.60					
B. Total Monetary Contributions And Receipts (From Schedule 3							\$ 0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$			1,804.60					
D. Total Expenditures (From Schedule III)						\$			1,804.60						
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)		_	\$			0.00	-				
F. Value Of In-	Kind Contributions	Receive	d (From S	chedul	le II)		\$			0.00	_				
G. Unpaid Debt	ts And Obligations	(From So	chedule IV	')			\$			0.00					
				AFF	IDAV	IT S	ECTIC	N							
PART I - If this is	s a Committee repo	ort, treas	urer sign	here. I	If this i	s a Ca	andidat	e re	port, ca	ndidate si	gn here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	filed on	pape	r or by e	lecti	ronic med	ium, are to	the best o	of my knov	wledge and be	lief , true	
Sworn to and subs	cribed before me this day of		20							Signatur	e of Perso	on Submitt	ting Report		
	Signatu					_					Prir	nted Name	•		
My Commission Ex	-										Ema	ail			
	мо	DA	Y	YR					Area	Code	Daytin	ne Teleph	one Number		
Part II- If this is	a report of a cand	lidate's a	uthorized	Comm	nittee, O	Candi	date sh	alls	sign her	e.					
I swear (or affirm) No 320) as amende	that to the best of ned.	ıy knowled	lge and beli	ef this	political	com	mittee ha	as no	ot violate	d any provi	sions of th	e act of J	une 3,1937 (P.	L. 1333,	
Sworn to and subso	ribed before me this day of		20							5	Signature	of Candida	ate		
						_					Print	ed Name			
My Commission Exp	Signature					_					Ema	ail			
	мо	DA	v	YR		_			Area Co	ode	п	avtime T	elephone Num	ber	
		DA	•	IK							5	.,			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF MATT NELSON From: <u>11/26/2019</u> **To:** 12/31/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Re	porting I	Period				
			From:			То	То:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

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 Candidat	e			orting P	eriod				
Fr				From: To					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Ca	ndidate		Reporting) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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 C	andidate		Report	ting Perio	bd				
			From:			То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		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 Perio	d	
FRIENDS OF MATT NELSON	From:	<u>11/26/2019</u> то:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
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	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Zip Code(Plus 4)				Description of Contribution						
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF MATT NELSON			From	<u>11/26</u>	<u>5/2019</u>	То:	<u>12/31/2019</u>
				DATE			AMOUNT
To Whom Paid HILARY HUNT			мо	DAY	YEAR		
Mailing Address 40 STRAYER RD			1	10	2019	\$	593.78
City YORK SPRINGS	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
	PA	17372	РҮМТ С				
To Whom Paid MATTHEW NELSON			мо	DAY	YEAR		
Mailing Address 64 CRESTVIEW DR			1	28	2019	\$	1,210.82
City EAST BERLIN	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	PA	17316	TRANS	PAID DEBTS			
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I	D .			\$	1,804.60

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reportir	ng Period				
FRIENDS OF MATT NELSON			From:	<u>11</u>	/26/2019	То:	<u>12/31/</u>	<u>2019</u>
					DATE			anding ce of Debt
Name of Creditor HILARY HUNT				мо	DAY	YEAR		
Mailing Address 40 STRAYER RD.	ity YORK SPRINGS State Zip Code (Plus 4				23	2018	\$	761.92
City YORK SPRINGS	State	Zip Code (Plu	ıs 4)	Description of Debt				
	РА			BALANCE C TING &am		3. EXPENSE RTISING	-	
					DATE			anding ce of Debt
Name of Creditor MATTHEW NELSON				мо	DAY	YEAR		
Mailing Address 64 CRESTVIEW DR.							\$	2,986.50
City EAST BERLIN	State	Zip Code (Plu	ıs 4)	Descrip	tion of Del	ot		
	РА	17316	PREV. BAL OF REIMB. EXPENSE-MARKETIN & ADVERTISING					KETING
							PA	GE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	3,748.42