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 201	90231			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		DAV	ΊS,	ROSI	E FOR PA	\							
Street Address:	316 SHAWN	EE VALLE	Y DRIVE													
City:	EAST STROU	DSBURG	ì					State:	PA			Zip Cod	ie: 18	3302		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?	AMENDMENT Yes N REPORT?			~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	<u>-</u> 5	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No	
report type)	ANNUAL REPORT	7. X	Year 2022					IG METHO				PAPER		$\overline{}$	DISKE	ΓΤΕ
Name of Office S	- Sought by Candida	ate:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
								МО	DAY	YE	AR			DEM		
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł e	_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			11 29	2	022	Т	0	12		31	2022					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00					
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0.00					
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			1		
				AFF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign l	here.	If thi	is is	a Can	ididate re	eport, o	andio	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th	is	20							s	ignature	of Perso	n Submit	ting Rep	ort	_
							-					Prin	ted Name	e		
My Commission Ex	Signat opires	ure										Ema	il			
	мо	D	AY	YR			-		Arc	ea Cod	le	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this	5									s	ignature o	of Candid	ate		
-	day of						_					Printo	d Name			
	Signature						-					inte				
My Commission Exp	_										_	Ema	il	_	_	
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DAVIS, ROSIE FOR PA	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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) 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			\$	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 Candidat	e	'	Reporting	Period			
		'	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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:						
					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			Reporting						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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						
F							o:) :		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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	
DAVIS, ROSIE FOR PA	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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

Name of Filing Committee or Candidate				Reporting Period					
F						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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.							0.00			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		