#### **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 :	Their Identification 2010095 Report							соми	<b>ITTEE</b>	✓	LOBI	BYIST				
Name of Filing C	Committee, Candid	ate or L	obbyist:	D	AVIS,	TINA	FRIENDS	S OF								
Street Address:	505 GRANT A	ίVE														
City:	CROYDON						State:	PA			<b>Zip Code:</b> 19021					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	RE-	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA	'	POST-	6.		TERMINATION REPORT?			No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				FILING METHOD ( ) CHECK ONE						<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candida	te:					DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
							МО	DAY	YE	AR	32	•	DEN	1	09	
							2		7	2023		(SEE IN	STRUCTI	ONS FOR (	CODES	)
Summary of Expenditures	Receipts and	МО	DAY YEA	\R			МО	DAY	YE	AR	FO	R OFFI	E USE	ONLY		
			12 31	20	22 <b>T</b>	0	2	2	17	2023						
A. Amount Bro	ught Forward Froi	m Last R	eport			\$			51,8	31.46						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	ied	ule I)	\$			1,0	04.32						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			52,8	35.78						
D. Total Expend	ditures (From Sch	edule II	I)			\$			5,5	59.64						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			47,2	76.14						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sched	lule	iI)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	this is	a Car	ndidate r	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached schedul	les 1	filed on	paper	or by elect	tronic m	edium	, are to t	the best o	f my knov	vledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before me this day of	s	20						s	ignature	of Perso	n Submit	ing Rep	ort		
	Signatu	ıre				<u>-</u>					Prin	ted Name	1			
My Commission Ex	cpires					_					Ema	il				_
	МО	D	AY Y	R				Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	ımi	ttee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief th	is p	olitical	comm	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	ıne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20							s	ignature o	of Candid	ate			-
						_					Printe	d Name				-
My Commission Exp	Signature					-					Ema	il				-
my commission exp						_										_
	МО	D	AY Y	/R				Area	Code		Da	aytime T	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DAVIS, TINA FRIENDS OF	From:	12/31/202	<u>2</u> To:	2/17/2023
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)			\$	1,000.00
TOTAL for the Reporting	Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	4.32
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			\$	1,004.32

#### **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 Filling Committee of Candidate				Reporting Period From: To:				
			l		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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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						
DAVIS, TINA FRIENDS OF				Fror	n:	12/31/	202	<u>22</u> To:		2/17/2023	
					D/	ATE			AN	MOUNT	
Full Name of Contributor MARK PETTY					МО	DAY	,	YEAR			
Mailing 7 HAYDN LANE Address									\$	500.00	
City OTTSVILLE	<b>State</b> PA		<b>p Code (Plus</b> 3942	s 4)	2	2	2	2023			
Employer Name UNK	•	•			Occupat	tion	UN	IK			
Employer Mailing Address/Principal P Business	lace of		City			State		- 7	Zip Code	e (Plus 4)	
UNK			UNK			PA			99999		
Full Name of Contributor KEN BOYLE					МО	DAY	,	YEAR			
	DW ROAD								\$	500.00	
KEN BOYLE  Mailing 1686 BARNSWALL	State	Zi	p Code (Plus	s 4)	<b>MO</b> 2	DAY		<b>YEAR</b> 2023	\$	500.00	
Mailing Address 1686 BARNSWALLO			<b>p Code (Plus</b> 9067	; 4)					\$	500.00	
Mailing Address 1686 BARNSWALLO	State			s 4)		2		2023	\$	500.00	
Mailing 1686 BARNSWALLO City YARDLEY	State PA			; 4)	2	2	2	2023 IK		500.00 e (Plus 4)	
Mailing 1686 BARNSWALLO City YARDLEY  Employer Name UNK  Employer Mailing Address/Principal P	State PA		9067	s 4)	2	Zition	2	2023 IK		e (Plus 4)	

## 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 P	eriod	
DAVIS, TINA FRIENDS OF	From:	12/31/2022 <b>To:</b>	2/17/2023
		DATE	AMOUNT
Full Name			

Full Name PFFCU			МО	DAY	YEAR	
Mailing Address 901 ARCH STREET  City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107	1	31	2023	<b>\$</b> 4.32
Receipt Description DIVIDENDS	<u> </u>					

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

**PAGE TOTAL \$** 4.32

#### **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, TINA FRIENDS OF	From:	12/31/2022 <b>To</b> :	<u>2/17/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Re				Reporting Period				
Fr				From: To:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
DAVIS, TINA FRIENDS OF	From	12/31/2022	То:	2/17/2023

				DATE		AMOUNT		
To Whom Paid ACTBLUE*SHAPIRO-DAVIS			мо	DAY	YEAR			
Mailing Address 1550 CLOVERLY LANE			1	2	2023	\$	50.00	
<b>City</b> JENKINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046	Description of Expenditure  DONATION					
To Whom Paid MERCHANT FEES ID1246825337			МО	DAY	YEAR			
Mailing Address 071000285448520			1	3	2023	\$	26.21	
City CROYDON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19021	Description of Expenditure MISC EXPENSE					
To Whom Paid WAR DOGS			МО	DAY	YEAR			
Mailing Address 2501 BATH ROA	,D		1	4	2023	\$	100.00	
City BRISTOL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19007	Description of Expenditure DONATION					
To Whom Paid PAT EIDING TESTIMONIAL DINNER			МО	DAY	YEAR			
Mailing Address 22 S. 22ND STREET, SECOND FL.			1	5	2023	\$	300.00	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	Description of Expenditure DONATION					
To Whom Paid ASHLEY ROACH			МО	DAY	YEAR			
Mailing Address 4215 PLYMOUTH STREET			1	5	2023	\$	150.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17109	Description of Expenditure  DONATION					

To Whom Paid LEVITTOWN AMERICAN ALLIANCE	МО	DAY	YEAR				
Mailing Address NEW FALLS ROAD	1	6	2023	\$	10	00.00	
City LEVITTOWN State PA 19054	Description DONAT	ption of Exp					
To Whom Paid CAFE FRESCO	МО	DAY	YEAR				
Mailing Address 215 N 2ND STREET	1	10	2023	\$	21	16.90	
City HARRISBURG State Zip Code (Plus 4 OH 17101	Descrip	Description of Expenditure MEETING					
To Whom Paid TOM TOSTI	мо	DAY	YEAR				
Mailing Address 58 OXFORD DRIVE	1	23	2023	\$	10	00.00	
City LANGHORNE State Zip Code (Plus 4 19047	Descrip	Description of Expenditure DONATION					
To Whom Paid	мо	DAY	YEAR				
YORDANA'S PIZZA & PASTA							
YORDANA'S PIZZA & PASTA  Mailing Address 5900 BRISTOL-EMILIE ROAD	1	24	2023	\$	2	49.58	
Molling Adduses	4)	24 ption of Exp		\$		19.58	
Mailing Address 5900 BRISTOL-EMILIE ROAD  City LEVITTOWN State Zip Code (Plus 4)	4) Descrip			\$		49.58	
Mailing Address 5900 BRISTOL-EMILIE ROAD  City LEVITTOWN State PA 19054  To Whom Paid	4) Descrip	ption of Exp	penditure	\$		49.58 25.00	
Mailing Address 5900 BRISTOL-EMILIE ROAD  City LEVITTOWN State PA 19054  To Whom Paid BUCKS COUNTY WOMENS CENTER	MO  Descrip	DAY  24 ption of Exp	YEAR 2023				
Mailing Address 5900 BRISTOL-EMILIE ROAD  City LEVITTOWN State PA 19054  To Whom Paid BUCKS COUNTY WOMENS CENTER  Mailing Address 712 VETERANS HWY  City BRISTOL State Zip Code (Plus 4)	MO  1 4) Descrip	DAY  24 ption of Exp	YEAR 2023				
Mailing Address 5900 BRISTOL-EMILIE ROAD  City LEVITTOWN State PA 19054  To Whom Paid BUCKS COUNTY WOMENS CENTER  Mailing Address 712 VETERANS HWY  City BRISTOL State Zip Code (Plus 4 19007)  To Whom Paid	MO  Descrip  X  MO  1  Descrip  DONAT	DAY  24  ption of Exp	YEAR 2023		2		

To Whom Paid TURN PA BLUE	мо	DAY	YEAR			
Mailing Address PO BOX 934	1	27	2023	\$		250.00
City NARBERTH State Zip Code (Plus 4 19072	Descrip	Description of Expenditure DONATION				
To Whom Paid LOWER BUCKS ATHLETIC	мо	DAY	YEAR			
Mailing Address 1900 SUMMIT AVENUE PO BOX 195	1	27	2023	\$		100.00
City CROYDON State Zip Code (Plus 4 19021	Descrip	Description of Expenditure DONATION				
To Whom Paid EMERGE PA	мо	DAY	YEAR			
Mailing Address PO BOX 678	1	1 31 2023				250.00
City PHILADELPHIA State Zip Code (Plus 4	) Descrip	Description of Expenditure DONATION				
PA 19102	DONAT	TON				
	MO	DAY	YEAR			
PA 19102 To Whom Paid			<b>YEAR</b> 2023	\$		25.66
To Whom Paid MERCHANT FEES ID1246825337	MO 2 ) Descrip	DAY	2023			25.66
To Whom Paid MERCHANT FEES ID1246825337           Mailing Address 071000285261576         State         Zip Code (Plus 4)	MO 2 ) Descrip	DAY 2	2023			25.66
To Whom Paid MERCHANT FEES ID1246825337         FEES ID1246825337           Mailing Address O71000285261576         State PA         Zip Code (Plus 4 19021)           To Whom Paid         To Whom Paid	MO  2  Description of the second of the seco	DAY  2  otion of Exp  EXPENSE	2023 penditure			25.66
To Whom Paid MERCHANT FEES ID1246825337  Mailing Address 071000285261576  City CROYDON State PA 19021  To Whom Paid ACTBLUE*SARAINNAMORA	MO  2  Description MISC E  MO  2	DAY  2 otion of Exp EXPENSE  DAY  2 otion of Exp	2023  penditure  YEAR  2023	\$		
PA         19102           To Whom Paid MERCHANT FEES ID1246825337           Mailing Address 071000285261576           City CROYDON         State PA         Zip Code (Plus 4 19021)           To Whom Paid ACTBLUE*SARAINNAMORA         ACTBLUE*SARAINNAMORA           Mailing Address 5154 BUTLER STREET         State Zip Code (Plus 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MO  2  Descrip MISC E  MO  2	DAY  2 otion of Exp EXPENSE  DAY  2 otion of Exp	2023  penditure  YEAR  2023	\$		
PA         19102           To Whom Paid MERCHANT FEES ID1246825337           Mailing Address 071000285261576           City CROYDON         State PA         Zip Code (Plus 4 19021)           To Whom Paid ACTBLUE*SARAINNAMORA         ACTBLUE*SARAINNAMORA           Mailing Address 5154 BUTLER STREET         State PA         Zip Code (Plus 4 15221)           To Whom Paid         To Whom Paid         To Whom Paid	MO  2  Description  MO  2  Description  Donati	DAY  2 DAY  DAY  2 DAY  2 DAY  2 Dation of Experion	2023  Penditure  YEAR  2023  Penditure	\$		

To Whom Paid PPAP SMITHFIELD LIB			мо	DAY	YEAR		
Mailing Address 629 SMITHFIELD STREET				4	2023	\$	13.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descri	ption of Exp	l nenditure		
· ITTSBUNGIT	PA	15222	PARKIN				
To Whom Paid EDDIE V'S			мо	DAY	YEAR		
Mailing Address 501 GRANT STREET STE 100			2	7	2023	<b>\$</b>	103.88
City PITTSBURGH	State	Zip Code (Plus 4)	Descri	l ption of Exp	) nonditure		
City PITTSBURGH	PA	15219	MEETIN				
To Whom Paid TEAM GERGLEY	•		МО	DAY	YEAR		
Mailing Address 1644 FAWCE	TT AVENUE		2	9	2023	\$	250.00
City WHITE OAK	State	Zip Code (Plus 4)	Descri	ption of Exp	penditure		
WHELE SAME	PA	15131	DONATION				
To Whom Paid LEVITTOWN AMERICAN ALLIANC	CE		МО	DAY	YEAR		
Mailing Address NEW FALLS ROAD			2	13	2023	\$	100.00
City LEVITTOWN	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure	•	
	PA	19054	DONAT	-			
To Whom Paid BCDC			МО	DAY	YEAR		
Mailing Address 44 E COURT	STREET		2	14	2023	\$	2,500.00
City DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901	Description of Expenditure DONATION				
To Whom Paid ST. MIKE'S WINTERFEST SPONS	OR		МО	DAY	YEAR		
Mailing Address 66 LEVITTOWN PARKWAY			2	16	2023	\$	100.00
City LEVITTOWN State Zip Code (Plus 4)			Descri	l ption of Exp	l penditure	<u> </u>	
LEVITTOWN	PA	19054	DONAT				
Enter Grand Total of Expendi	tures on Page 1. Re	port Cover Page. Item D	).				PAGE TOTAL
						\$	5,559.64