

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20230262		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF TINA NIXON											
<b>Street Address:</b> 507 PARK RD											
<b>City:</b> NEW CUMBERLAND					<b>State:</b> PA		<b>Zip Code:</b> 17070				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2023	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
					11	7	2023				
<b>Summary of Receipts and Expenditures from:</b>					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
					11	28	2023				<b>TO</b>
					12	31	2023				
<b>A. Amount Brought Forward From Last Report</b>					\$		0.00				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$		11,535.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$		11,535.00				
<b>D. Total Expenditures (From Schedule III)</b>					\$		2,711.40				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$		8,823.60				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$		0.00				

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF TINA NIXON	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 35.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 3,200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 3,200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 8,300.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 8,300.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 11,535.00
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**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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF TINA NIXON				<b>Reporting Period</b> From: <u>11/28/2023</u> To: <u>12/31/2023</u>			
				<b>DATE</b>		<b>AMOUNT</b>	
<b>Full Name of Contributor</b> VIRGINA ROTH				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 47 GALE RD				10	16	2023	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011					
<b>Full Name of Contributor</b> JOHN PHERRIBO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 1709 W BONITA BAY DR				11	18	2023	
<b>City</b> ST GEORGE	<b>State</b> UT	<b>Zip Code (Plus 4)</b> 84790					
<b>Full Name of Contributor</b> RANDI TEPLITZ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 1513 SMOKEHOUSE LN				11	12	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110					
<b>Full Name of Contributor</b> SHAWN MOYER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 2697 GODFREY DR				11	8	2023	
<b>City</b> GLEN ROCK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17327					
<b>Full Name of Contributor</b> JOHN GOLDMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 30 HAWTHORNE DR				11	5	2023	
<b>City</b> HERSHEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17033					
<b>Full Name of Contributor</b> CHRIS DIETZ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 277 UNION ST				12	31	2023	
<b>City</b> MILLERSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17061					

Full Name of Contributor CARLOS CREAM				MO	DAY	YEAR	\$ 250.00
Mailing Address 1015 FAIRDELL DR				12	11	2023	
City HUMMELSTOWN	State PA	Zip Code (Plus 4) 17036					
Full Name of Contributor CHERYL DELLASEGA				MO	DAY	YEAR	\$ 100.00
Mailing Address 32 LEEARDEN RD				12	14	2023	
City HERSHEY	State PA	Zip Code (Plus 4) 17033					
Full Name of Contributor RACHAEL WALDMAN				MO	DAY	YEAR	\$ 100.00
Mailing Address 1103 CURTIS AVE				11	15	2023	
City WALL	State NJ	Zip Code (Plus 4) 07719					
Full Name of Contributor ABRAHAM WALDMAN				MO	DAY	YEAR	\$ 100.00
Mailing Address 69 SPRING PARK AVE APT 2				11	15	2023	
City BOSTON	State MA	Zip Code (Plus 4) 02130					
Full Name of Contributor JOHN HICKEY				MO	DAY	YEAR	\$ 100.00
Mailing Address 3901 PAMAY DR				11	15	2023	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050					
Full Name of Contributor SHARON WEBB				MO	DAY	YEAR	\$ 100.00
Mailing Address 2906 PARKSIDE LN				10	24	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributor CANDICE COLEMAN				MO	DAY	YEAR	\$ 100.00
Mailing Address 1728 N 3RD ST				11	17	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributor RONALD JONES				MO	DAY	YEAR	\$ 100.00
Mailing Address 400 ALTAVISTA AVE				10	15	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17109					
Full Name of Contributor GEORGE GRODE				MO	DAY	YEAR	\$ 250.00
Mailing Address 68 GREENWOOD CR				11	3	2023	
City WOMRLEYSBURG	State PA	Zip Code (Plus 4) 17043					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
BRENDAN RENNE				11	12	2023	
Mailing Address 448 CHESTNUT WAY		State	Zip Code (Plus 4)				
City NEW CUMBERLAND		PA	17070				

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
THEODORE REESE				12	20	2023	
Mailing Address 3101 GREEN ST		State	Zip Code (Plus 4)				
City HARRISBURG		PA	17110				

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
STUART DAVIS				10	21	2023	
Mailing Address 3702 BIDDLE ST		State	Zip Code (Plus 4)				
City NEWTOWN SQUARE		PA	19073				

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

**PAGE TOTAL**

\$ 3,200.00

**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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF TINA NIXON	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> ALEX REBER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 277 UNION ST				10	17	2023	
<b>City</b> MILLERSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17061					
<b>Employer Name</b> MILLER, DIXON, DRAKE CERTIFIED CPAS				<b>Occupation</b> CPA			
<b>Employer Mailing Address/Principal Place of Business</b> 701 N 2ND ST			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	
<b>Full Name of Contributor</b> PATRICIA NIXON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 682 WILLOW WAY				10	17	2023	
<b>City</b> MECHANICSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
<b>Full Name of Contributor</b> MARY NIXON-DOYLE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 213 HUMMEL AE				10	17	2023	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
<b>Full Name of Contributor</b> LEMOYNE DEVELOPMENT				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 301 MARKET ST				10	27	2023	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043					
<b>Employer Name</b> LEMOYNE DEVELOPMENT				<b>Occupation</b> DEVELOPMENT ORGANIZATION			
<b>Employer Mailing Address/Principal Place of Business</b> 301 MARKET ST			<b>City</b> LEMOYNE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043	



<b>Full Name of Contributor</b> AUDRY CARTER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 2920 GREEN ST				10	12	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

  

<b>Full Name of Contributor</b> TIMOTHY WESTON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 507 BRIDGEVIEW DR				10	21	2023	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17043					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

  

<b>Full Name of Contributor</b> WILMARIE GONZALEZ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 4808 MOUNTAIN RISE DR				11	10	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110					
<b>Employer Name</b> PA MARKET CAREBRIDGE				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 926 MAIN ST			<b>City</b> NASHVILLE	<b>State</b> TN		<b>Zip Code (Plus 4)</b> 37206	

  

<b>Full Name of Contributor</b> NORM JONES				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 127 MILL LANE				11	2	2023	
<b>City</b> AMHERST	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 01002					
<b>Employer Name</b> INTEGRATED DIVERSITY LLC				<b>Occupation</b> PRESIDENT & CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 417 WEST STSUITE 101			<b>City</b> AMHERST	<b>State</b> MA		<b>Zip Code (Plus 4)</b> 01002	

  

<b>Full Name of Contributor</b> TERESA CHAPIN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 246 S 31ST ST				11	15	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17109					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

  

<b>Full Name of Contributor</b> HAGIR ELSHEIKH				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 5585 BARBAR DR				12	13	2023	
<b>City</b> MECHANICSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17050					
<b>Employer Name</b> HSE STAFFING AGENCY LLC				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 5585 BARBARA DR			<b>City</b> MECHANICSBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17050	

<b>Full Name of Contributor</b> MIKE LOZANOFF			<b>MO</b> 10	<b>DAY</b> 21	<b>YEAR</b> 2023	<b>\$</b> 1,000.00
<b>Mailing Address</b> 6414 CHELTON AVE						
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112				
<b>Employer Name</b> LOZANOFF CONSULTING LLC			<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 6416 CHELTON AVE		<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
<b>\$</b> 8,300.00

## 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 Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF TINA NIXON		From: <u>11/28/2023</u> To: <u>12/31/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

7/4/2025 9:43:52 PM

## SCHEDULE III

# STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>		
FRIENDS OF TINA NIXON	<b>From</b>	<u>11/28/2023</u>	<b>To:</b> <u>12/31/2023</u>

			DATE		AMOUNT
To Whom Paid			MO	DAY	YEAR
MARTIN COMMUNICATIONS					
Mailing Address 25 WEST MAIN ST			12	15	2023
					\$ 2,623.50
City SHIREMANSTOWN	State PA	Zip Code (Plus 4) 17011	Description of Expenditure WEBSITE/DOMAIN SET UP		
To Whom Paid			MO	DAY	YEAR
ACTBLUE					
Mailing Address 366 SUMMER ST.			12	31	2023
					\$ 87.90
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure WEBSITE DONATION CHARGES		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL
					\$ 2,711.40

