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 | 2024 | C0374 | | | | port | | CAND | DATE | ✓ | cc | MMITTEE | | LOBE | BYIST | | |
|---|----------------------|-------------------|-----------|-----------------------|------------|--------|-------------|--------|--------------------|-----------|----------|---------|------------------------|----------------|--------------|-----------|-----------|--|
| Name of Filing C | ommitte | e, Candida | ate or Lo | obbyist: | | MA | TTHE | W G. | DAVIS | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code: 17315 | | | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | No | ~ | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | Y PRI | E- | 5. | 30 DA | | POST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | \ | |
| report type) | ANNUAL | . REPORT | 7. | Year 2024 | | | | | NG METH CHECK O | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office S | L Sought by | , Candidat | :e: | | | | | | DATE (| F ELE | CTION | | District Number | Office Code | Par | ty Code | County | |
| | | | | | | | | | МО | DAY | YEA | R | 92 | STH | REP | | code | |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | 11 | | 5 | 2024 | - | (SEE INS | TRUCTIO | ONS FOR (| CODES) | |
| Summary of | Receipts | s and | МО | DAY | YEAF | 2 | | | МО | DAY | YEA | R | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 5 | 2 | 024 | T | 0 | | 1 | 8 | 2024 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | , | \$ | <u>'</u> | • | • | 0.00 |] | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (From | Sche | edule | e I) | \$ | | | 6,24 | 0.12 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | 6,24 | 0.12 |] | | | | | |
| D. Total Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | 6,21 | 2.89 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | 2 | 7.23 | _ | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | 32 | 1.53 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | 0.00 | | ' | | | | |
| | | | | | AFF | FID, | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, o | candida | ite sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium, a | re to 1 | the best of | my know | /ledge | and beli | ef , true | |
| Sworn to and subs | cribed bef | ore me this | | 20 | | | | | | | Sig | nature | e of Person | Submitt | ing Rep | ort | | |
| | _ | Signatur | ·e | | | | | - - | | | | | Printe | ed Name | | | | |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | |
| | | МО | D | AY | YR | | | | | Are | ea Code | | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | ne best of m | ıy knowle | edge and beli | ef this | s poli | itical | comm | ittee has ı | not viola | ted any | provis | ions of the | act of Ju | ne 3,19 | 937 (P.L | . 1333, | |
| Sworn to and subsc | ribed befo day of | re me this | | 20 | | | | | | | | s | ignature of | Candida | te | | | |
| | | | | | | | | _ | | | | | Printed | Name | | | | |
| | : | Signature | | | | | | _ | | | | | | | | | | |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | - | МО | D | AY | YR | 2 | | _ | | Area | Code | | Day | time Te | lephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | Period | | |
|--|-----------|---------|--------------|----------|
| MATTHEW G. DAVIS | From: | 3/5/202 | <u>4</u> To: | 4/8/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 135.12 |
| 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) | | | \$ | 100.00 |
| TOTAL for the Reporting | \$ | 100.00 | | |
| 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) | | | \$ | 6,005.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 6,005.00 |
| 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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, | | | \$ | 6,240.12 |

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 | Candidate | R | Reporting | | | | |
|-------------------------------|-----------|-------------------|-----------|------|------|----|--------|
| | | F | rom: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Com | mittee | | 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

MATTHEW G. DAVIS

From:

DATE

3/5/2024 **To:**

4/8/2024

AMOUNT

| Full Name of Contributor WILLIAM WOTTON | | | | | DAY | YEAR | |
|---|-------------|-------|-------------------|---|------------------|------|--|
| Mailing Address 2048 FISH & amp; GAME RD. | | | | | \$ 100.00 | | |
| City | EAST BERLIN | State | Zip Code (Plus 4) | 3 | 6 | 2024 | |
| | | PA | 17316 | | | | |

PAGE TOTAL \$ 100.00

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

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 | \$ | | 0.00 |
| Mailing Address | | | | | | | 7 | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TO | TAL |
| Enter Grand Total of Part C on Scheo | lule 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 | | | | | | | |
|--|---------------------|----------------|---------|---------|--------------|---------------|-------------|---------------|
| MATTHEW G. DAVIS | | | Fror | n: | <u>3/5/2</u> | <u>024</u> To | : | 4/8/2024 |
| | | | | DA | ATE | | ΑI | MOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | F00.00 |
| MATTHEW DAVIS | | | | 1-10 | DAI | ILAK | _ \$ | 500.00 |
| Mailing Address 3030 SCHOOLHOUS | E RD. | | | 2 | 22 | 2024 | 1 | |
| City DOVER | State | Zip Code (Plus | s 4) | _ | | | | |
| | PA | 17315 | | | | | l | |
| Employer Name COMMONWEALTH OF | PENNSYLVANIA | | | Occupat | ion | сомми | NICATIO | NS COORDINATO |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Cod | e (Plus 4) |
| PO BOX 8006 | | HARRISB | JRG | | PA | | 17015 | |
| Full Name of Contributor | | | | | | V=15 | | |
| MATTHEW DAVIS | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address 3030 SCHOOLHOUS | E RD. | | | 3 | 30 | 2024 | 7 | |
| City DOVER | State | Zip Code (Plus | s 4) | | 30 | 2024 | | |
| | PA | 17315 | | | | | 1 | |
| Employer Name COMMONWEALTH OF | PENNSYLVANIA | | | Occupat | tion | СОММО | NICATIO | NS COORDINATO |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Cod | e (Plus 4) |
| PO BOX 8006 | | HARRISB | JRG | | PA | | 17015 | |
| Full Name of Contributor | | • | | | | | ī | |
| THOMAS BECHTEL | | | | МО | DAY | YEAR | \$ | 4,505.00 |
| Mailing Address 2973 STOVERSTOW | N RD. | | | | 20 | 2024 | 7 | |
| City SPRING GROVE | State | Zip Code (Plus | s 4) | 2 | 29 | 2024 | | |
| | PA | 17362 | | | | | | |
| Employer Name HERITAGE LAWN &am | ıp; LANDSCAPE CAF | RE | | Occupat | tion | OWNER | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Cod | e (Plus 4) |
| 4741 BIESECKER RD | | THOMAS | ILLE | | PA | | 17364 | |
| Full Name of Contributor | | - | | | | | Ī | |
| RUSHELE ENDRES | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address 876 PINETOWN RD. | | | | | 2 | 2024 | 7 | |
| City LEWISBERRY | State | Zip Code (Plus | 5 4) | 3 | 2 | 2024 | | |
| | PA | 17339 | | | | | | |
| Employer Name DELTA DENTAL | | | | Occupat | tion | ACCOU | NT MANA | GER |
| Employer Mailing Address/Principal Place | e of Business | City | | - | State | | Zip Cod | e (Plus 4) |
| ONE DELTA DR. | | MECHANI | CSBUR | G | PA | | 17055 | |
| | | | | _ | • | | P | AGE TOTAL |
| Enter Grand Total of Part C on School | dula T. Datailed Co | ımməry Dəgə | Section | nn 3 | | 1 | | |

6,005.00

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 Company Dome 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 Period | d | |
|--|------------------|----------------------|----------|
| MATTHEW G. DAVIS | From: | 3/5/2024 To : | 4/8/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 41.69 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 279.84 |
| 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, | • | \$ | 321.53 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Car | Reporting Period | | | | | | |
|---|----------------------|-----------------------|----------|----------|----------|-----|------------|
| MATTHEW G. DAVIS | MATTHEW G. DAVIS | | | | 3/5/2024 | To: | 4/8/2024 |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | , wo | DAY | YEAR | | |
| MATTHEW DAVIS | | | МО | DAT | TEAR | _ | 203.52 |
| Mailing Address 3030 SCHO | OLHOUSE RD. | | 1 | 9 | 2024 | \$ | 203.32 |
| City DOVER | State | Zip Code (Plus 4) | | | | | |
| | PA | 17315 | | | | | |
| Description of Contribution: | | | 1 | 1 | • | • | |
| Full Name of Contributor | | | | | | | |
| MATTHEW DAVIS | | | МО | DAY | YEAR | ١, | 76.22 |
| Mailing Address 3030 SCHO | OLHOUSE RD. | | 1 | 9 | 2024 | \$ | 76.32 |
| City DOVER | State | Zip Code (Plus 4) | | | 2021 | | |
| | PA | 17315 | | | | | |
| Description of Contribution: | 1 | + | • | • | | • | |
| | | | | | | | _ |
| Enter Grand Total of Part F or Section 2. | n Schedule II, In-Ki | nd Contributions Deta | iled Sum | mary Pag | je, | | PAGE TOTAL |
| | | | | | | 5 | 279 84 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | Period | | | |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | - | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | у | State | e Zip | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Candidate | | Reporti | ng Period | | | | |
|------------------------------------|---------------------|-------------------|---------------------------|-------------|----------|-------|----------|--|
| MATTHEW G. DAVIS | | | From | <u>3/</u> | 5/2024 | То: | 4/8/2024 | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| OFFICE OF THE SECRETARY | OF THE COMMONWEALTH | | 110 | | | | | |
| Mailing Address 401 N ST | . RM. 302 | | 2 | 9 | 2024 | \$ | 100.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | |
| | PA | 17120 | CANDIE | OATE FILIN | G FEE | | | |
| To Whom Paid ATLAS RUBBER STAMP | МО | DAY | YEAR | | | | | |
| Mailing Address 3433 E. MARKET ST. | | | | 5 | 2024 | \$ | 4,505.00 | |
| City YORK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | |
| | PA | 17402 | CAMPAIGN YARD SIGNS 1,000 | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| ATLAS RUBBER STAMP | | | 1410 | DAI | ILAK | | | |
| Mailing Address 3433 E. N | MARKET ST. | | 3 | 5 | 2024 | \$ | 285.12 | |
| City YORK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 17402 | CAMPA1 | IGN LITERA | ATURE, 1 | ,000 | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| ATLAS RUBBER STAMP | | | 1-10 | | ILAK | | | |
| Mailing Address 3433 E. N | MARKET ST. | | 4 | 4 | 2024 | \$ | 1,322.77 | |
| City YORK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 17402 | CAMPAI | IGN LITERA | ATURE, 1 | 0,000 | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

6,212.89