**Commonwealth of Pennsylvania** 

## **Campaign Finance Statement**



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

incurred each did not exceed \$250.00 during the reporting period.								
FILER IDENTIFICATION NUMBER: 2024	C0030 REPO	RT FILED ON BEHALF OF:	Candidate					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBB	YIST NATHA	N DAVIDSON						
STREET ADDRESS								
CITY	STATE	ZIP CODE 1710	2					
TYPE OF REPORT 30-Day Post-Primary								
NAME OF OFFICE SOUGHT BY CANDIDATE	REPRESENTATIVE IN ASSEMBLY	THE GENERAL						
DISTRICT CODE 103		PARTY CODE DEM						
DATE OF ELECTION 11/5/2024								
DATES OF REPORTING PERIOD	4/9/2024 <b>TO</b>	5/13/2024	For Office Use Only					
AMENDMENT REPORT? NO	TERMINATIO	N REPORT? NO						
CASH BALANCE AT THE END OF REPORTING PERIOD:	(2,956.54)							
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	(2,956.54)							
	AFFIDAVIT SEC	CTION						
<b>PART I -</b> If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.								

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.						
SWORN TO AND SUBSCRIBE	BEFORE ME THI	S				
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE					PRINTED NAME
	SIGNATURE					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	