

# 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> 20230291		<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 NATE DAVIDSON							
<b>Street Address:</b>							
<b>City:</b> HARRISBURG				<b>State:</b> PA		<b>Zip Code:</b> 17102	
<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 <input checked="" type="checkbox"/> No
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input checked="" type="checkbox"/> No
	ANNUAL REPORT	7.	Year 2024	<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>
REPRESENTATIVE IN THE GENERAL ASSEMBLY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
				11	5	2024	
				(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>
		9	17	2024		10	21
				2024		2024	
<b>A. Amount Brought Forward From Last Report</b>				\$ 4,969.45			
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>				\$ 27,320.00			
<b>C. Total Funds Available (Sum Of Lines A and B)</b>				\$ 32,289.45			
<b>D. Total Expenditures (From Schedule III)</b>				\$ 10,653.38			
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>				\$ 21,636.07			
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>				\$ 95.57			
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>				\$ 2,956.94			

## 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 NATE DAVIDSON	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 830.00

<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>	\$ 2,100.00
<b>All Other Contributions (Part B)</b>	\$ 4,140.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 6,240.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 11,350.00
<b>All Other Contributions (Part D)</b>	\$ 8,900.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 20,250.00

<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>	\$ 27,320.00
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# 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.**

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
FRIENDS OF NATE DAVIDSON				From: <u>9/17/2024</u> To: <u>10/21/2024</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
CITIZENS FOR GEORGE HARTWICK III			8	13	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	HARRISBURG	PA	<b>Zip Code (Plus 4)</b>			
			171110644			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
DUANE MORRIS LLP GOVERNMENT			6	25	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	PHILADELPHIA	PA	<b>Zip Code (Plus 4)</b>			
			191034001			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
FUND FOR PENNSYLVANIA LEADERSHIP			8	13	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	HARRISBURG	PA	<b>Zip Code (Plus 4)</b>			
			171011150			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
MALADY & WOOTEN PAC			9	9	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	HARRISBURG	PA	<b>Zip Code (Plus 4)</b>			
			171011114			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
MCNEES PAC			9	4	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	HARRISBURG	PA	<b>Zip Code (Plus 4)</b>			
			171081166			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
PA ASSOCIATION OF NURSE ANESTHETISTS PAC			7	30	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	WORTHINGTON	OH	<b>Zip Code (Plus 4)</b>			
			430852259			

  

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
PAUL COSTA FOR STATE REPRESENTATIVE			6	25	2024	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>				
	PITTSBURGH	PA	<b>Zip Code (Plus 4)</b>			
			152213954			

<b>Full Name of Contributing Committee</b> SAUL EWING PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			9	4	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011619				
<b>Full Name of Contributing Committee</b> TECHNOLOGY NETWORK PA PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			8	13	2024	
<b>City</b> BURLINGAME	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940104443				

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

<b>PAGE TOTAL</b>
\$ 2,100.00

## 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 NATE DAVIDSON				<b>Reporting Period</b> From: <u>9/17/2024</u> To: <u>10/21/2024</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> MICHAEL ALSHER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			8	5	2024	
<b>City</b> ENOLA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170252057				

  

<b>Full Name of Contributor</b> MICHAEL ALSHER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 40.00
<b>Mailing Address</b>			9	24	2024	
<b>City</b> ENOLA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170252057				

  

<b>Full Name of Contributor</b> CLAY ASKIN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b>			8	1	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171022807				

  

<b>Full Name of Contributor</b> KAREN BALABAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			8	28	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171022801				

  

<b>Full Name of Contributor</b> TAMMY BOSTON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			8	13	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171022227				

  

<b>Full Name of Contributor</b> MARISSA CHRISTIAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			8	13	2024	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170431201				

  

<b>Full Name of Contributor</b> MARGARET CONNERS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>			10	5	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170113821				

Full Name of Contributor BRANDON CWALINA			MO	DAY	YEAR	\$ 250.00
Mailing Address			8	22	2024	
City	NEW FREEDOM	State PA				
Full Name of Contributor JAMIE EARL			MO	DAY	YEAR	\$ 20.00
Mailing Address			8	13	2024	
City	HARRISBURG	State PA				
Full Name of Contributor JAMIE EARL			MO	DAY	YEAR	\$ 20.00
Mailing Address			9	13	2024	
City	HARRISBURG	State PA				
Full Name of Contributor JAMIE EARL			MO	DAY	YEAR	\$ 20.00
Mailing Address			10	13	2024	
City	HARRISBURG	State PA				
Full Name of Contributor MATTHEW FRANCHAK			MO	DAY	YEAR	\$ 250.00
Mailing Address			8	6	2024	
City	ENOLA	State PA				
Full Name of Contributor KATHY GATES			MO	DAY	YEAR	\$ 100.00
Mailing Address			7	18	2024	
City	WORMLEYSBURG	State PA				
Full Name of Contributor KATHY GATES			MO	DAY	YEAR	\$ 40.00
Mailing Address			9	10	2024	
City	WORMLEYSBURG	State PA				
Full Name of Contributor ANDREW GIORGIONE			MO	DAY	YEAR	\$ 250.00
Mailing Address			6	25	2024	
City	HARRISBURG	State PA				
Full Name of Contributor DANIEL HARTMAN			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	2	2024	
City	HARRISBURG	State PA				

Full Name of Contributor JOHN HICKEY			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	13	2024	
City	MECHANICSBURG	State PA				
Full Name of Contributor DANIEL J TOMKO			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	10	2024	
City	ENOLA	State PA				
Full Name of Contributor GUY KEHLER			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	1	2024	
City	HARRISBURG	State PA				
Full Name of Contributor KATHERINE KENNEDY			MO	DAY	YEAR	\$ 250.00
Mailing Address			8	10	2024	
City	HARRISBURG	State PA				
Full Name of Contributor SHAWN MAGILL			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	12	2024	
City	CAMP HILL	State PA				
Full Name of Contributor SHAWN MAGILL			MO	DAY	YEAR	\$ 50.00
Mailing Address			8	12	2024	
City	CAMP HILL	State PA				
Full Name of Contributor SHAWN MAGILL			MO	DAY	YEAR	\$ 50.00
Mailing Address			8	13	2024	
City	CAMP HILL	State PA				
Full Name of Contributor ANNE MAREK			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	7	2024	
City	HARRISBURG	State PA				
Full Name of Contributor JERRY MORRIS			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	8	2024	
City	HARRISBURG	State PA				

Full Name of Contributor WILLIAM PACKER			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022321				

Full Name of Contributor JUDSON PERRY			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	26	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022453				

Full Name of Contributor THOMAS PREVIC			MO	DAY	YEAR	\$ 250.00
Mailing Address			8	13	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 170113910				

Full Name of Contributor WILLIAM ROWE			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	10	2024	
City HERSHEY	State PA	Zip Code (Plus 4) 170332508				

Full Name of Contributor SALLIE SMITH			MO	DAY	YEAR	\$ 250.00
Mailing Address			8	13	2024	
City HANOVER	State PA	Zip Code (Plus 4) 173311421				

Full Name of Contributor SANDRA SMITH			MO	DAY	YEAR	\$ 100.00
Mailing Address			9	4	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 170112022				

Full Name of Contributor KIMBERLY TURNER			MO	DAY	YEAR	\$ 100.00
Mailing Address			9	9	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 170553244				

Full Name of Contributor SCOTT WAGNER			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171122129				

Full Name of Contributor DAVID ZEILE			MO	DAY	YEAR	\$ 100.00
Mailing Address			8	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128				



**PAGE TOTAL**

\$ 4,140.00

**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATE DAVIDSON	<b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00
AFSCME COUNCIL 13				7	30	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171111507	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
ESSENTIAL UTILITIES INC PAC				6	25	2024	
Mailing Address							
City	BRYN MAWR	State	PA	Zip Code (Plus 4)		190103402	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 350.00
FRIENDS OF JEAN FOSCHI				10	11	2024	
Mailing Address							
City	MECHANICSBURG	State	PA	Zip Code (Plus 4)		170559301	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
LAWPAC				6	25	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011505	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA ENERGY RESOURCES GROUP PAC				9	4	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171080547	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA REALTORS PAC				6	25	2024	
Mailing Address							
City	LEMOYNE	State	PA	Zip Code (Plus 4)		170431241	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
PA REALTORS PAC						
Mailing Address			9	13	2024	
City	LEMOYNE	State				PA

Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
PSEA PAC						
Mailing Address			8	13	2024	
City	HARRISBURG	State PA				Zip Code (Plus 4) 171051724

Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
WOJDAK FOR THE COMMONWEALTH						
Mailing Address			6	25	2024	
City	HARRISBURG	State PA				Zip Code (Plus 4) 171011703

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

<b>PAGE TOTAL</b>	
\$	11,350.00

**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 NATE DAVIDSON	<b>Reporting Period</b>  From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> ANDREW ENDERS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> City HARRISBURG State PA Zip Code (Plus 4) 171022322				8	12	2024	
<b>Employer Name</b> ENDER				<b>Occupation</b> INSURANCE			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171121124
<b>Full Name of Contributor</b> THJOMAS FINK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> City CAMP HILL State PA Zip Code (Plus 4) 170112111				6	8	2024	
<b>Employer Name</b> SELF				<b>Occupation</b> PSYCHOLOGIST			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> CAMP HILL		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170112111
<b>Full Name of Contributor</b> THJOMAS FINK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> City CAMP HILL State PA Zip Code (Plus 4) 170112111				8	10	2024	
<b>Employer Name</b> SELF				<b>Occupation</b> PSYCHOLOGIST			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> CAMP HILL		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170112111
<b>Full Name of Contributor</b> THJOMAS FINK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 60.00
<b>Mailing Address</b> City CAMP HILL State PA Zip Code (Plus 4) 170112111				9	16	2024	
<b>Employer Name</b> SELF				<b>Occupation</b> PSYCHOLOGIST			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> CAMP HILL		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170112111

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50.00
<b>Mailing Address</b>				6	3	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

  

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50.00
<b>Mailing Address</b>				7	2	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

  

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50.00
<b>Mailing Address</b>				8	6	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

  

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50.00
<b>Mailing Address</b>				9	3	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

  

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 40.00
<b>Mailing Address</b>				9	19	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

  

<b>Full Name of Contributor</b> JOHN FREIDHOFF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50.00
<b>Mailing Address</b>				10	16	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170117433					
<b>Employer Name</b> AMTRAK				<b>Occupation</b> MAINTAINER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17101	

<b>Full Name of Contributor</b> PIERRE MCOY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				8	8	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171102013					
<b>Employer Name</b> SRBC				<b>Occupation</b> GEOLOGIST			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171102013		

  

<b>Full Name of Contributor</b> GAYLON MORRIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>				8	12	2024	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170431379					
<b>Employer Name</b> NOT EMPLOYED				<b>Occupation</b> NOT EMPLOYED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170431379		

  

<b>Full Name of Contributor</b> NANCY RESSER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				10	11	2024	
<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170431528					
<b>Employer Name</b> NONE				<b>Occupation</b> NONE			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> LEMOYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170431528		

  

<b>Full Name of Contributor</b> MATTHEW ROAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				8	8	2024	
<b>City</b> NEW CUMBERLAND	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170702043					
<b>Employer Name</b> HEALTH MANAGEMENT ASSOCIATES				<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011146		

  

<b>Full Name of Contributor</b> MATTHEW ROAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>				8	8	2024	
<b>City</b> NEW CUMBERLAND	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170702043					
<b>Employer Name</b> HEALTH MANAGEMENT ASSOCIATES				<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011146		

  

<b>Full Name of Contributor</b> ANDREW RUMER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b>				7	16	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941112448					
<b>Employer Name</b> NONE				<b>Occupation</b> NONE			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941112448		

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

PAGE TOTAL	
\$	8,900.00

## 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 NATE DAVIDSON		From: <u>9/17/2024</u> To: <u>10/21/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	15.10
<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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	80.47
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.)		\$	95.57

**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

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATE DAVIDSON	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
FRIENDS OF JEAN FOSCHI							
Mailing Address							
City		MECHANICSBURG	State	PA	Zip Code(Plus 4)		170559301
Employer of Contributor				Occupation		EVENT COSTS	
Employer Mailing Address/Principal Place of Business				City	State	Zip Code(Plus 4)	Description of Contribution
							EVENT COSTS
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL
							80.47

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATE DAVIDSON	From <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE	AMOUNT		
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 4.88
Mailing Address				6	30	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	021443132	Description of Expenditure MERCHANT SERVICE FEES	
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 3.01
Mailing Address				7	31	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	021443132	Description of Expenditure MERCHANT SERVICE FEES	
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 78.83
Mailing Address				8	31	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	021443132	Description of Expenditure MERCHANT SERVICE FEES	
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 9.30
Mailing Address				9	30	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	021443132	Description of Expenditure MERCHANT SERVICE FEES	
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 7.80
Mailing Address				10	21	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	021443132	Description of Expenditure MERCHANT SERVICE FEES	
To Whom Paid CAMP HILL DEMOCRATS				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	7	2024	
City	CAMP HILL	State	PA	Zip Code (Plus 4)	170011415	Description of Expenditure CONTRIBUTION	

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
FRIENDS OF SARA AGERTON						
Mailing Address			9	17	2024	
City	MECHANICSBURG	State	Zip Code (Plus 4)		Description of Expenditure	
	PA		170556324		CONTRIBUTION	
To Whom Paid			MO	DAY	YEAR	\$ 3,975.00
HARRISBURG SENATORS						
Mailing Address			7	30	2024	
City	HARRISBURG	State	Zip Code (Plus 4)		Description of Expenditure	
	PA		171055757		EVENT DEPOSIT	
To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
PA HOUSE DEMOCRATIC CAMPAIGN COMMITTEE						
Mailing Address			9	3	2024	
City	HARRISBURG	State	Zip Code (Plus 4)		Description of Expenditure	
	PA		171080035		CONTRIBUTION	
To Whom Paid			MO	DAY	YEAR	\$ 7.84
STRIPE						
Mailing Address			6	30	2024	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		Description of Expenditure	
	CA		940801912		PROCESSING FEES	
To Whom Paid			MO	DAY	YEAR	\$ 5.32
STRIPE						
Mailing Address			7	31	2024	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		Description of Expenditure	
	CA		940801912		PROCESSING FEES	
To Whom Paid			MO	DAY	YEAR	\$ 31.03
STRIPE						
Mailing Address			8	31	2024	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		Description of Expenditure	
	CA		940801912		PROCESSING FEES	
To Whom Paid			MO	DAY	YEAR	\$ 17.78
STRIPE						
Mailing Address			9	30	2024	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		Description of Expenditure	
	CA		940801912		PROCESSING FEES	
To Whom Paid			MO	DAY	YEAR	\$ 12.59
STRIPE						
Mailing Address			10	21	2024	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		Description of Expenditure	
	CA		940801912		PROCESSING FEES	

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

**PAGE TOTAL**

\$ 10,653.38

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATE DAVIDSON	<b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 90.07
Mailing Address				1	11	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt OFFICE SUPPLIES			
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 102.80
Mailing Address				1	14	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt OFFICE SUPPLIES			
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 132.00
Mailing Address				1	20	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt STAMPS			
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 539.52
Mailing Address				2	11	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt STAMPS			
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 47.69
Mailing Address				2	15	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt STAMPS			
Name of Creditor NATHAN DAVIDSON				MO	DAY	YEAR	\$ 257.50
Mailing Address				2	21	2024	
City HARRISBURG		State PA	Zip Code (Plus 4) 171022128	Description of Debt EVENT COSTS			

Name of Creditor NATHAN DAVIDSON			MO	DAY	YEAR	\$ 277.08
Mailing Address			2	21	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128	Description of Debt EVENT COSTS			

Name of Creditor NATHAN DAVIDSON			MO	DAY	YEAR	\$ 64.28
Mailing Address			2	24	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128	Description of Debt OFFICE SUPPLIES			

Name of Creditor NATHAN DAVIDSON			MO	DAY	YEAR	\$ 393.00
Mailing Address			2	26	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128	Description of Debt EVENT COSTS			

Name of Creditor NATHAN DAVIDSON			MO	DAY	YEAR	\$ 917.00
Mailing Address			3	12	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128	Description of Debt EVENT COSTS			

Name of Creditor NATHAN DAVIDSON			MO	DAY	YEAR	\$ 136.00
Mailing Address			4	1	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022128	Description of Debt STAMPS			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 2,956.94
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