

Campaign Finance Report

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

| | | | | | | | |
|--|--------------------------|--------------------------|-------------------------|------------------------------------|----------------------|--|--|
| Filer Identification Number : 20230291 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF NATE DAVIDSON | | | | | | | |
| Street Address: 2347 N 7TH ST, PO BOX 5447 | | | | | | | |
| City: HARRISBURG | | | | State: PA | | Zip Code: 17102 | |
| TYPE OF REPORT (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 | FILING METHOD () CHECK ONE | | PAPER <input checked="" type="checkbox"/> | DISKETTE |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION | | District Number | Office Code |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | MO | DAY | YEAR | |
| | | | | 11 | 5 | 2024 | |
| | | | | | | (SEE INSTRUCTIONS FOR CODES) | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY |
| | | 9 | 17 | 2024 | | 10 | 21 |
| | | | | 2024 | | 2024 | |
| A. Amount Brought Forward From Last Report | | | | \$ 4,969.45 | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ 27,320.00 | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ 32,289.45 | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ 10,653.38 | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ 21,636.07 | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ 95.57 | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ 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

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

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

| | |
|--|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 2,100.00 |
| All Other Contributions (Part B) | \$ 4,140.00 |
| TOTAL for the Reporting Period (2) | \$ 6,240.00 |

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

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 27,320.00 |
|---|--------------|

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 | | | | Reporting Period | | | |
| FRIENDS OF NATE DAVIDSON | | | | From: <u>9/17/2024</u> To: <u>10/21/2024</u> | | | |
| | | | | DATE | | AMOUNT | |

| | | | | | | |
|--|-------------|--------------|-----------|--------------------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 250.00 |
| CITIZENS FOR GEORGE HARTWICK III | | | 8 | 13 | 2024 | |
| Mailing Address | PO BOX 4644 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | | 171110644 |

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

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

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

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

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

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

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|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee SAUL EWING PAC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2 N 2ND ST FL 7 | | | 9 | 4 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171011619 | | | | |
| Full Name of Contributing Committee TECHNOLOGY NETWORK PA PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 20 PARK RD STE E | | | 8 | 13 | 2024 | |
| City BURLINGAME | State CA | Zip Code (Plus 4) 940104443 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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)**

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

| | | | | DATE | | AMOUNT | |
|---|--|-------------|--------------------------------|---------|-----------|--------------|------------------|
| Full Name of Contributor MICHAEL ALSHER | | | | MO 8 | DAY 5 | YEAR 2024 | \$ 100.00 |
| Mailing Address 72 PINE RIDGE CIR | | | | | | | |
| City ENOLA | | State PA | Zip Code (Plus 4) 170252057 | | | | |
| Full Name of Contributor MICHAEL ALSHER | | | | MO 9 | DAY 24 | YEAR 2024 | \$ 40.00 |
| Mailing Address 72 PINE RIDGE CIR | | | | | | | |
| City ENOLA | | State PA | Zip Code (Plus 4) 170252057 | | | | |
| Full Name of Contributor CLAY ASKIN | | | | MO 8 | DAY 1 | YEAR 2024 | \$ 250.00 |
| Mailing Address 107 CUMBERLAND ST | | | | | | | |
| City HARRISBURG | | State PA | Zip Code (Plus 4) 171022807 | | | | |
| Full Name of Contributor KAREN BALABAN | | | | MO 8 | DAY 28 | YEAR 2024 | \$ 100.00 |
| Mailing Address 110 CUMBERLAND ST APT 2 | | | | | | | |
| City HARRISBURG | | State PA | Zip Code (Plus 4) 171022801 | | | | |
| Full Name of Contributor TAMMY BOSTON | | | | MO 8 | DAY 13 | YEAR 2024 | \$ 100.00 |
| Mailing Address 1941 GREEN ST | | | | | | | |
| City HARRISBURG | | State PA | Zip Code (Plus 4) 171022227 | | | | |
| Full Name of Contributor MARISSA CHRISTIAN | | | | MO 8 | DAY 13 | YEAR 2024 | \$ 100.00 |
| Mailing Address 843 KIEHL DR | | | | | | | |
| City LEMOYNE | | State PA | Zip Code (Plus 4) 170431201 | | | | |

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|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor MARGARET CONNERS | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 223 N 23RD ST | | | 10 | 5 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170113821 | | | | |
| Full Name of Contributor BRANDON CWALINA | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 10 OLF FARM LN | | | 8 | 22 | 2024 | |
| City NEW FREEDOM | State PA | Zip Code (Plus 4) 173499408 | | | | |
| Full Name of Contributor JAMIE EARL | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address 219 BRIGGS ST | | | 8 | 13 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171023217 | | | | |
| Full Name of Contributor JAMIE EARL | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address 219 BRIGGS ST | | | 9 | 13 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171023217 | | | | |
| Full Name of Contributor JAMIE EARL | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address 219 BRIGGS ST | | | 10 | 13 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171023217 | | | | |
| Full Name of Contributor MATTHEW FRANCHAK | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 17 LOGANS RUN | | | 8 | 6 | 2024 | |
| City ENOLA | State PA | Zip Code (Plus 4) 170251845 | | | | |
| Full Name of Contributor KATHY GATES | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 808 RIVERVIEW RD | | | 7 | 18 | 2024 | |
| City WORMLEYSBURG | State PA | Zip Code (Plus 4) 170431208 | | | | |
| Full Name of Contributor KATHY GATES | | | MO | DAY | YEAR | \$ 40.00 |
| Mailing Address 808 RIVERVIEW RD | | | 9 | 10 | 2024 | |
| City WORMLEYSBURG | State PA | Zip Code (Plus 4) 170431208 | | | | |
| Full Name of Contributor ANDREW GIORGIONE | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2911 N 2ND ST | | | 6 | 25 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171101209 | | | | |

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|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor DANIEL HARTMAN | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 2205 N 2ND ST | | | 8 | 2 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171101007 | | | | |
| Full Name of Contributor JOHN HICKEY | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 3901 PAMAY DR | | | 8 | 13 | 2024 | |
| City MECHANICSBURG | State PA | Zip Code (Plus 4) 170507675 | | | | |
| Full Name of Contributor DANIEL J TOMKO | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 94 TORY CIR | | | 8 | 10 | 2024 | |
| City ENOLA | State PA | Zip Code (Plus 4) 170252665 | | | | |
| Full Name of Contributor GUY KEHLER | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 266 BRIGGS ST | | | 10 | 1 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171023003 | | | | |
| Full Name of Contributor KATHERINE KENNEDY | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2803 SILVER MAPLE DR | | | 8 | 10 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171121475 | | | | |
| Full Name of Contributor SHAWN MAGILL | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 124 ALLENDALE WAY | | | 8 | 12 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170118464 | | | | |
| Full Name of Contributor SHAWN MAGILL | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 124 ALLENDALE WAY | | | 8 | 12 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170118464 | | | | |
| Full Name of Contributor SHAWN MAGILL | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 124 ALLENDALE WAY | | | 8 | 13 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170118464 | | | | |
| Full Name of Contributor ANNE MAREK | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1609 PENN ST | | | 8 | 7 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171022453 | | | | |

| | | | | | | |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor JERRY MORRIS | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1911 GREEN ST | | | 8 | 8 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171022221 | | | | |
| Full Name of Contributor WILLIAM PACKER | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 233 HAMILTON ST | | | 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 1611 PENN ST | | | 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 250 N 17TH ST | | | 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 21 FOXANNA DR | | | 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 331 GEORGE ST | | | 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 500 FAIRAY DR | | | 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 501 W MAIN ST | | | 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 993 ETHAN CT | | | 8 | 13 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171122129 | | | | |

| | | | | | | |
|-------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
| DAVID ZEILE | | | | | | |
| Mailing Address 2011 GREEN ST | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171022128 | 8 | 13 | 2024 | |

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

| |
|-------------|
| PAGE TOTAL |
| \$ 4,140.00 |

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 |
| FRIENDS OF NATE DAVIDSON | From: <u>9/17/2024</u> To: <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 4031 EXECUTIVE PARK DR | | | | | | | |
| 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 762 W LANCASTER AVE | | | | | | | |
| 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 2195 BRUNSWICK AVE | | | | | | | |
| 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 212 N 3RD ST STE 101 | | | | | | | |
| 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 PO BOX 547 | | | | | | | |
| 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 500 N 12TH ST | | | | | | | |
| City LEMOYNE | State PA | Zip Code (Plus 4) 170431241 | | | | | |

| | | | | | | |
|-------------------------------------|---------------|-------|----|-------------------|-----------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 2,500.00 |
| PA REALTORS PAC | | | 9 | 13 | 2024 | |
| Mailing Address | 500 N 12TH ST | | | | | |
| City | LEMOYNE | State | PA | Zip Code (Plus 4) | 170431241 | |

| | | | | | | |
|-------------------------------------|-------------|-------|----|-------------------|-----------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PSEA PAC | | | 8 | 13 | 2024 | |
| Mailing Address | PO BOX 1724 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 171051724 | |

| | | | | | | |
|-------------------------------------|-------------|-------|----|-------------------|-----------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| WOJDAK FOR THE COMMONWEALTH | | | 6 | 25 | 2024 | |
| Mailing Address | 30 N 3RD ST | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 171011703 | |

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

| |
|--|
| <p>PAGE TOTAL</p> <p>\$ 11,350.00</p> |
|--|

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.)**

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

| | | | | | DATE | | AMOUNT | | |
|--|--|----------|-----------------------------|--|-------------------------|-------|--------|-------------------|--------|
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ | 500.00 |
| ANDREW ENDERS | | | | | | | | | |
| Mailing Address 228 HAMILTON ST | | | | | | | | | |
| City HARRISBURG | | State PA | Zip Code (Plus 4) 171022322 | | | | | | |
| Employer Name ENDER | | | | | Occupation INSURANCE | | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | | State | | Zip Code (Plus 4) | |
| 5912 LINGLESTOWN RD | | | HARRISBURG | | | PA | | 171121124 | |
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ | 250.00 |
| THJOMAS FINK | | | | | | | | | |
| Mailing Address 514 BENTON RD | | | | | | | | | |
| City CAMP HILL | | State PA | Zip Code (Plus 4) 170112111 | | | | | | |
| Employer Name SELF | | | | | Occupation PSYCHOLOGIST | | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | | State | | Zip Code (Plus 4) | |
| 514 BENTON RD | | | CAMP HILL | | | PA | | 170112111 | |
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ | 500.00 |
| THJOMAS FINK | | | | | | | | | |
| Mailing Address 514 BENTON RD | | | | | | | | | |
| City CAMP HILL | | State PA | Zip Code (Plus 4) 170112111 | | | | | | |
| Employer Name SELF | | | | | Occupation PSYCHOLOGIST | | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | | State | | Zip Code (Plus 4) | |
| 514 BENTON RD | | | CAMP HILL | | | PA | | 170112111 | |
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ | 60.00 |
| THJOMAS FINK | | | | | | | | | |
| Mailing Address 514 BENTON RD | | | | | | | | | |
| City CAMP HILL | | State PA | Zip Code (Plus 4) 170112111 | | | | | | |
| Employer Name SELF | | | | | Occupation PSYCHOLOGIST | | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | | State | | Zip Code (Plus 4) | |
| 514 BENTON RD | | | CAMP HILL | | | PA | | 170112111 | |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 6 | 3 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 7 | 2 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 8 | 6 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 9 | 3 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 40.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 9 | 19 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN FREIDHOFF | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 2000 MILLTOWN RD | | | | 10 | 16 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170117433 | | | | | |
| Employer Name AMTRAK | | | | Occupation MAINTAINER | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST & CHESTNUT ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 17101 |

| | | | | | | | |
|--|--------------------|---------------------------------------|---------------------------|-----------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor PIERRE MCOY | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2643 N 5TH ST | | | | 8 | 8 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171102013 | | | | | |
| Employer Name SRBC | | | | Occupation GEOLOGIST | | | |
| Employer Mailing Address/Principal Place of Business 2643 N 5TH ST | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 171102013 |

| | | | | | | | |
|--|--------------------|---------------------------------------|------------------------|--------------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor GAYLON MORRIS | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 534 BRIDGEVIEW DR | | | | 8 | 12 | 2024 | |
| City LEMOYNE | State PA | Zip Code (Plus 4) 170431379 | | | | | |
| Employer Name NOT EMPLOYED | | | | Occupation NOT EMPLOYED | | | |
| Employer Mailing Address/Principal Place of Business 534 BRIDGEVIEW DR | | | City LEMOYNE | | State PA | | Zip Code (Plus 4) 170431379 |

| | | | | | | | |
|---|--------------------|---------------------------------------|------------------------|------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor NANCY RESSER | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 835 OHIO AVE | | | | 10 | 11 | 2024 | |
| City LEMOYNE | State PA | Zip Code (Plus 4) 170431528 | | | | | |
| Employer Name NONE | | | | Occupation NONE | | | |
| Employer Mailing Address/Principal Place of Business 835 OHIO AVE | | | City LEMOYNE | | State PA | | Zip Code (Plus 4) 170431528 |

| | | | | | | | |
|--|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor MATTHEW ROAN | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 232 POPLAR AVE | | | | 8 | 8 | 2024 | |
| City NEW CUMBERLAND | State PA | Zip Code (Plus 4) 170702043 | | | | | |
| Employer Name HEALTH MANAGEMENT ASSOCIATES | | | | Occupation CONSULTANT | | | |
| Employer Mailing Address/Principal Place of Business 500 N 3RD STFL 12 | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 171011146 |

| | | | | | | | |
|--|--------------------|---------------------------------------|---------------------------|------------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor MATTHEW ROAN | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 232 POPLAR AVE | | | | 8 | 8 | 2024 | |
| City NEW CUMBERLAND | State PA | Zip Code (Plus 4) 170702043 | | | | | |
| Employer Name HEALTH MANAGEMENT ASSOCIATES | | | | Occupation CONSULTANT | | | |
| Employer Mailing Address/Principal Place of Business 500 N 3RD STFL 12 | | | City HARRISBURG | | State PA | | Zip Code (Plus 4) 171011146 |

| | | | | | | | |
|---|--------------------|---------------------------------------|------------------------------|------------------------|--------------------|-------------|---------------------------------------|
| Full Name of Contributor ANDREW RUMER | | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address 405 DAVIS CT APT 2207 | | | | 7 | 16 | 2024 | |
| City SAN FRANCISCO | State CA | Zip Code (Plus 4) 941112448 | | | | | |
| Employer Name NONE | | | | Occupation NONE | | | |
| Employer Mailing Address/Principal Place of Business 405 DAVIS CTAPT 2207 | | | City SAN FRANCISCO | | State CA | | Zip Code (Plus 4) 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: To: |

| | | | | 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.

| |
|------------|
| PAGE TOTAL |
| \$ 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 | |
| FRIENDS OF NATE DAVIDSON | | From: <u>9/17/2024</u> To: <u>10/21/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 15.10 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| 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: To: |
|---------------------------------------|--|

| | | | 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. | | | | | | PAGE TOTAL \$ 0.00 |

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

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

| | | | | DATE | | AMOUNT | |
|---|--|-------------|-------------------------------|------------|------------------|--|---------------------|
| Full Name of Contributor FRIENDS OF JEAN FOSCHI | | | | MO | DAY | YEAR | \$ 80.47 |
| Mailing Address 2195 BRUNSWICK AVE | | | | 9 | 30 | 2024 | |
| City MECHANICSBURG | | State PA | Zip Code(Plus 4) 170559301 | | | | |
| Employer of Contributor N/A | | | | 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

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

| DATE | | | | AMOUNT |
|--------------------------------------|-----------------|------------------------------------|---|-----------|
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE | | | | |
| Mailing Address 366 SUMMER ST | 6 | 30 | 2024 | \$ 4.88 |
| City SOMERVILLE | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure MERCHANT SERVICE FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE | | | | |
| Mailing Address 366 SUMMER ST | 7 | 31 | 2024 | \$ 3.01 |
| City SOMERVILLE | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure MERCHANT SERVICE FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE | | | | |
| Mailing Address 366 SUMMER ST | 8 | 31 | 2024 | \$ 78.83 |
| City SOMERVILLE | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure MERCHANT SERVICE FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE | | | | |
| Mailing Address 366 SUMMER ST | 9 | 30 | 2024 | \$ 9.30 |
| City SOMERVILLE | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure MERCHANT SERVICE FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE | | | | |
| Mailing Address 366 SUMMER ST | 10 | 21 | 2024 | \$ 7.80 |
| City SOMERVILLE | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure MERCHANT SERVICE FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| CAMP HILL DEMOCRATS | | | | |
| Mailing Address PO BOX 1415 | 6 | 7 | 2024 | \$ 500.00 |
| 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 52 W SIMPSON ST | | | 9 | 17 | 2024 | |
| City MECHANICSBURG | State PA | Zip Code (Plus 4) 170556324 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|------------------------------|----------|-----------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 3,975.00 |
| HARRISBURG SENATORS | | | | | | |
| Mailing Address PO BOX 15757 | | | 7 | 30 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171055757 | Description of Expenditure EVENT DEPOSIT | | | |

| | | | | | | |
|--|----------|-----------------------------|---|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 5,000.00 |
| PA HOUSE DEMOCRATIC CAMPAIGN COMMITTEE | | | | | | |
| Mailing Address PO BOX 35 | | | 9 | 3 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171080035 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 7.84 |
| STRIPE | | | | | | |
| Mailing Address 354 OYSTER POINT BLVD | | | 6 | 30 | 2024 | |
| City SOUTH SAN FRANCISCO | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure PROCESSING FEES | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 5.32 |
| STRIPE | | | | | | |
| Mailing Address 354 OYSTER POINT BLVD | | | 7 | 31 | 2024 | |
| City SOUTH SAN FRANCISCO | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure PROCESSING FEES | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|--|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 31.03 |
| STRIPE | | | | | | |
| Mailing Address 354 OYSTER POINT BLVD | | | 8 | 31 | 2024 | |
| City SOUTH SAN FRANCISCO | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure PROCESSING FEES | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|--|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 17.78 |
| STRIPE | | | | | | |
| Mailing Address 354 OYSTER POINT BLVD | | | 9 | 30 | 2024 | |
| City SOUTH SAN FRANCISCO | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure PROCESSING FEES | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|--|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 12.59 |
| STRIPE | | | | | | |
| Mailing Address 354 OYSTER POINT BLVD | | | 10 | 21 | 2024 | |
| City SOUTH SAN FRANCISCO | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure 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**

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

| | | | | DATE | | Outstanding Balance of Debt | |
|-------------------------------------|--|-------------|--------------------------------|--|-----|--------------------------------|-----------|
| Name of Creditor NATHAN DAVIDSON | | | | MO | DAY | YEAR | \$ 90.07 |
| Mailing Address 2013 GREEN ST | | | | 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 2013 GREEN ST | | | | 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 2013 GREEN ST | | | | 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 2013 GREEN ST | | | | 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 2013 GREEN ST | | | | 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 2013 GREEN ST | | | | 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 2013 GREEN ST | | | 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 2013 GREEN ST | | | 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 2013 GREEN ST | | | 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 2013 GREEN ST | | | 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 2013 GREEN ST | | | 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 |
|---|--|--|--|--|--|---------------------------|