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 20)230291			Repo Filed		<i>'</i> :	CANDI	DATE		соми	MITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Can	didate or L	obbyist:	F	FRIEN	IDS	OF I	NATE DA	VIDSC	N						
Street Address:	2347 N 7T	H ST,PO B	OX 5447													
City:	HARRISBU -	RG						State:	PA			Zip Cod	de: 17	102		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		30 DA LECT		POST-	6. X		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPO	RT 7.	Year 2024					IG METH				PAPER		/	DISKE	ΓΤΕ
Name of Office S	ought by Cand	idate:	•					DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTATI			EMBLV					МО	DAY	YI	AR	103	STH	DEN	l	22
KLPKLSLINIAII	VL IN THE GE	NEKAL ASS	LIMDLI					11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of		МО	DAY Y	EAR				МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		10 22	20)24	TC)	11	-	25	2024					
A. Amount Bro	ught Forward F	rom Last R	eport				\$			21,6	536.07					
B. Total Moneta	ary Contributio	ns And Rec	eipts (From S	chec	dule I)	\$			2,0	020.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			23,6	556.07					
D. Total Expend	ditures (From S	Schedule II	I)				\$			9,4	182.97					
E. Ending Cash	Balance (Subt	ract Line D	From Line C)				\$			14,1	73.10					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sch	edul	e II)		\$			2	73.00					
G. Unpaid Debt	s And Obligation	ons (From S	Schedule IV)				\$			2,9	56.94					
			A	\FF	IDA۱	/IT	SE	CTION								
PART I - If this is	s a Committee	report, trea	surer sign he	re. I	f this	is a	Can	didate r	eport, o	candi	date sig	gn here.				
I swear (or affirm) correct and comple		including the	e attached sched	lules	filed o	n pa	aper o	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and belie	f , true
Sworn to and subs	cribed before me day of	this	20							S	Signature	e of Perso	n Submit	ting Rep	ort	
	Sigr	ature				_						Prin	ted Name	•		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized Co	mm	ittee,	Ca	ndida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politic	al c	ommi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		his									s	ignature (of Candida	ate		
	day of —— ———											Drinto	d Name			
	Signati	ıre				_										
My Commission Exp	_											Ema	il			
	мо	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF NATE DAVIDSON	From:	10/22/20	24 To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	20.00
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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	2,000.00
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 Pa			\$	2,020.00

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 Candid	ate		Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			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.

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.

Name of Filing Comm	ittee or Candidate	Re	porting I	Period			
		Fro	om:		To) :	
				DATE			AMOUNT
Full Name of Contributo	ır		мо	DAY	YEAR		
Mailing Address						\$	0.00
	State	Zip Code (Plus 4)					
City							
City							PAGE TOTAL

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				
FRIENDS OF NATE DAVIDSON			From:	10/2	<u>2/2024</u>	То:	11/25/2024	
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		
DT PAC							\$ 1,000	.00
Mailing Address 600 N 3RD ST				11	6	2024	,	
City HARRISBURG	State	Zip Code	e (Plus 4)					
	PA	171011	113					
Full Name of Contributing Committee				мо	DAY	YEAR		
PA-THA PAC					DA!	ILAK	\$ 1,000	.00
Mailing Address PO BOX 300				11	6	2024		
City BENSALEM	State	Zip Code	e (Plus 4)	1	Ü	2021		
	PA	190200	300					

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL\$ 2,000.00

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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 Perio	od	
FRIENDS OF NATE DAVIDSON	From:	<u>10/22/2024</u> To:	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	273.00
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,		\$	273.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	andidate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						 	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	!	!		•	•	
Enter Grand Total of Dart E	on Schodulo II. In Vi	nd Contributions Dotai	ilad Sum	mary Ba	ao [DACE TOTAL
Enter Grand Total of Part F Section 2.	on Schedule II, In-Ki	na contributions Detai	ileu Sun	шагу Ра	ge,		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: 10/22/2024
 To: 11/25/2024

						DATE		AMOUNT
Full Name of Contributor PA CITIZENS STRENGTHENING DEMOC	RACY				мо	DAY	YEAR	
Mailing Address 806 ALEXANDER SPR	RING RD				10	24	2024	\$ 273.00
City CARLISLE	State		Zip Code(Plus 4)					
	PA		170159182					
Employer of Contributor N/A					Occupa	tion N	/A	
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	Zip	Code(Plus 4)	Descri	ption of Contribution
							EVENT	COSTS
Enter Grand Total of Part G on Scho	edule II. In-Ki	nd (Contributions D	etaile	d			PAGE TOTAL
Summary Page, Section 3.					· -			273.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
FRIENDS OF NATE DAVIDSON	From	10/22/2024	То:	11/25/2024

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
ACTBLUE							
Mailing Address 366 SUMMER S	ST		11	25	2024	\$	0.30
City SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	021443132	MERCH	ANT SERVI	CE FEES		
To Whom Paid			мо	DAY	YEAR		
EAST PENNSBORO DEMOCRATIC (CLUB		140	JA.	ILAK		
Mailing Address PO BOX 474			10	25	2024	\$	500.00
City ENOLA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	170250474	CONTR	IBUTION			
To Whom Paid			МО	DAY	YEAR		
HARRISBURG SENATORS			MO	DAT	TEAR		
Mailing Address PO BOX 15757			11	7	2024	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171055757	DEPOSI	ΙΤ			
To Whom Paid	•	<u> </u>			\		
PA HOUSE DEMOCRATIC CAMPAIG	N COMMITTEE		МО	DAY	YEAR		
Mailing Address PO BOX 35			10	29	2024	\$	7,500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	171080035					
To Whom Paid				Day	VEAD		
RIVERSIDE UNITED NEIGHBORS			МО	DAY	YEAR		
Mailing Address 2347 N 7TH ST	-		10	29	2024	\$	250.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
	PA	171106501	HALLOV	WEEN PARA	ADE		
To Whom Paid			Ma	DAY	VEAD		
STRIPE			МО	DAY	YEAR		
Mailing Address 354 OYSTER PO	DINT BLVD		11	25	2024	\$	0.67
City SOUTH SAN FRANCISCO				l tion of Exp	enditure		
	CA	940801912		SSING FEE			
		1					

				1		_	
To Whom Paid			мо	DAY	YEAR		
UNITED STATES POSTAL SERVICE			MO		ILAK		
Mailing Address 2347 N 7TH ST			11	22	2024	\$	232.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure		
	PA	171106501	ро вох	FEE			
							PAGE TOTAL
							PAGE IOTAL
ter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D				\$	
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D	•			\$	
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D				\$	9,482.97
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D				\$	
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D				\$	
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D				\$	
Enter Grand Total of Expen	ditures on Page 1, R	Report Cover Page, Item D	•			\$	

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:	10/22/2024	То:	11/25/2024		

					, ==, ===		·			
					DATE	Outstanding Balance of Debt				
Name of Creditor				10	DAY	YEAR				
NATHAN DAVIDSON										
Mailing Address 2013 GREEN ST				1	11	2024	\$	90.07		
City HARRISBURG	State	Zip Code (Pl	us 4) D	escrip	tion of Deb	t				
PA 171022128				OFFICE SUPPLIES						
Name of Creditor NATHAN DAVIDSON			N	10	DAY	YEAR				
Mailing Address 2013 GREEN ST				1	14	2024	\$	102.80		
City HARRISBURG State Zip Code (Plus 4)				Description of Debt						
	PA	171022128	О	OFFICE SUPPLIES						
Name of Creditor NATHAN DAVIDSON			N	10	DAY	YEAR				
Mailing Address 2013 GREEN ST				1	20	2024	\$	132.00		
City HARRISBURG	State	Zip Code (Pl	us 4) D	Description of Debt						
PA 171022128				STAMPS						
Name of Creditor NATHAN DAVIDSON			N	10	DAY	YEAR				
Mailing Address 2013 GREEN ST				2	11	2024	\$	539.52		
City HARRISBURG State Zip Code (Plus 4)			us 4) D	Description of Debt						
	PA	171022128	0	OFFICE SUPPLIES						
Name of Creditor NATHAN DAVIDSON			N	10	DAY	YEAR				
Mailing Address 2013 GREEN ST				2	15	2024	\$	47.69		
City HARRISBURG	State	Zip Code (Pl	us 4) D	escrip	tion of Deb	t				
	PA	171022128	0	FFICE	SUPPLIES					
Name of Creditor NATHAN DAVIDSON			N	10	DAY	YEAR				
Mailing Address 2013 GREEN ST				2	21	2024	\$	257.50		
City HARRISBURG	State	Zip Code (Pl	us 4) D	Description of Debt						
PA 171022128				EVENT COSTS						

Name of Creditor									
NATHAN DAVIDSON			МО	DAY	YEAR				
Mailing Address 2013 GREEN ST	2	21	2024	\$	277.08				
City HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Deb	t				
	PA 171022128				EVENT COSTS				
Name of Creditor				DAY	VEAD				
NATHAN DAVIDSON			МО	DAY	YEAR				
Mailing Address 2013 GREEN ST			2	24	2024	\$	64.28		
City HARRISBURG	HARRISBURG State Zip Code (Plus 4) Description of Debt				t	.			
	PA	171022128	OFFICE SUPPLIES						
Name of Creditor NATHAN DAVIDSON			мо	DAY	YEAR				
Mailing Address 2013 GREEN ST			2	26	2024	- \$	393.00		
City HARRISBURG State Zip Code (Plus 4)				Description of Debt					
PA 171022128			EVENT COSTS						
Name of Creditor									
NATHAN DAVIDSON			МО	DAY	YEAR				
Mailing Address 2013 GREEN ST			3 12 2024 \$			917.00			
City HARRISBURG	State	Zip Code (Plus 4)	Description of Debt						
	PA	171022128	EVENT COSTS						
Name of Creditor			МО	DAY	YEAR				
NATHAN DAVIDSON									
Mailing Address 2013 GREEN ST			4	1	2024	\$	136.00		
City HARRISBURG State Zip Code (Plus 4)			Description of Debt						
	PA	171022128	STAMPS	5					
Enter Grand Total of Unpaid Debt							PAGE TOTAL		