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 :	ion	20240	C0386		-	Repo Filed		CAN	DID	ATE	C (OMMITTEI		LOB	BYIST	
Name of Filing (Committee.	Candida	ate or L	obbvist:		ERIC [-	70	_							
	,			,												
Street Address:																
City:								State:					e: 15	479		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		PO	9ST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D ELEC	AY TION	PO	POST- 6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL R	EPORT	7. X	Year 2024				ILING METHOD () CHECK ONE						\checkmark	DISKE	TTE
Name of Office S	Sought by C	andidat	e:					DATE	OF	ELECT	ION	District Number	Office Code	Par	ty Code	County Code
REPRESENTAT	IVE IN THE	GENER		EMBLY				мо	D	YAQ	YEAR	58	STH	REP		
		GENER	NE 165					1	1	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	C	DAY	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		:	11 26	2	024	то	1	.2	31	2024					
A. Amount Bro	ought Forwa	rd From	n Last R	eport		·	\$;			0.00					
B. Total Monet	ary Contrib	utions A	And Rec	eipts (Fron	n Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (Fro	om Sche	dule II	I)			\$	5			0.00]				
E. Ending Cash	n Balance (S	ubtract	Line D	From Line	C)			5			130.61					
F. Value Of In-	Kind Contri	butions	Receiv	ed (From S	chedu	le II)	4	5			0.00					
G. Unpaid Deb	ts And Oblig	gations	(From S	Schedule I\	/)		\$	\$ 0.00								
					AFF	IDAV	IT SE	CTIO	١							
PART I - If this i		-	-	_					-			-				
I swear (or affirm correct and compl		port, inclu	uding the	e attached so	hedule	s filed o	n paper	or by ele	ctro	nic medi	um, are to	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	scribed before day of	e me this		20					_		Signatur	e of Person	Submitt	ing Rep	oort	
		Signatur	e				_		_			Print	ed Name			
My Commission E	xpires	-										Email	l			
	м	0	D	AY	YR					Area	Code	Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nittee,	Candic	late sha	ll sig	gn here	э.					
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 Signature of Candidate																
	day of 								_			Printeo	l Name			
	Sig	nature														
My Commission Exp	pires											Emai	I			
		мо	D	AY	YR	ł			_	Area Co	de	Da	ytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
ERIC DAVANZO	<u>11/26/202</u>	<u>4</u> To:	<u>12/31/2024</u>					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	0.00				
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	(2)	\$	0.00					
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)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)								
TOTAL for the Reporting	J Period	(4)	\$	0.00				
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00				

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					
						1		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I, Detailed Sun	nmary Page, Se	ectio	n 2.			\$	0.00

PAGE 3

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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City State Zip Code (Plus 4)									
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00	

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						
						То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

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.)

Name of Filing Committee or Candidate			Repo	orting Pe	riod				
F				From:			To:		
				DA	ATE		A	MOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Sectio	on 3.			P. \$	AGE TOTAL 0.00	

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			Report	ing Peric	d				
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	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	d	
ERIC DAVANZO	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period				
						То:		
			DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				tion of Exp	enditure			
Enter Grand Total of Exponditures	`				PAGE TOTAL			
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00	