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 2019	0198			Repor Filed E		CA	NDI	DATE		COM	AITTEE	Y	LOBE	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEND	S OF	DAVI	D R	OWE							
Street Address:																
City:	LEWISBURG						State	e:	PA			Zip Co	de: 17	7837		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2024				NG MI					PAPER			DISKE	ГТЕ
Name of Office S	- Sought by Candidat	te:					DAT	ΈΟ	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR		•	REP		
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 26	20)24 T	0		12	3	31	2024					
A. Amount Bro	ught Forward Fron	n Last R	eport		·	\$			•	76,7	'87.68					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	\$				5	00.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				77,2	287.68					
D. Total Expend	ditures (From Sch	edule II	I)			\$				10,0	12.02					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				67,2	75.66					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			1		
					IDAVI											
	that this report, incl	*	_						-		_		f my kno	wledge a	and belie	ef , true
-	cribed before me this										ianatura	of Perso	n Submit	ting Den	ort	
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	Signatu	re				_						Prin	ted Name	В		
My Commission Ex	·					_						Ema				
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Sworn to and subsc	day of		20								S	ignature (of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires											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 DAVID ROWE	From:	11/26/202	<u>24</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	500.00
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			\$	500.00

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 Candidat	e	R	Reporting	Period			
		F	rom:		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.

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 Commi	ttee or Candidate	1	Reporting I	Period			
		ı	From:		To	o:	
		L		DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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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 P	Period		
FRIENDS OF DAVID ROWE	From:	11/26/2024	То:	12/31/2024

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR	
SGA F	SGA PAC				27(1	127110	\$ 500.00
Mailin	Mailing Address				13	2024	
City	FAIRLESS HILLS	State	Zip Code (Plus 4)	12	13	2024	
		PA	19030				

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

PAGE TOTAL \$ 500.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod	
FRIENDS OF DAVID ROWE	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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)	\$	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

STATEMENT OF EXPENDITURES

Name	of Filing Committee or Candidate	1		Reporti	ng Period			
FRIE	NDS OF DAVID ROWE			From	11/20	<u>6/2024</u>	То:	12/31/2024
					DATE			AMOUNT
To W	om Paid			МО	DAY	YEAR		
CAPIT	OL PRESERVATION COMMITTEE			1.0				
Mailin	g Address			12	2	2024	\$	595.85
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17120	CHRIST	MAS ORNA	AMENTS		
	om Paid O ROWE			МО	DAY	YEAR		
Mailin	g Address			12	12	2024	\$	207.73
City LEWISBURG State Zip Code (Plus 4)				Descrip	tion of Exp	enditure	<u> </u>	
	PA 17837				GN BREAK	FAST RE	IMBURSE	MENT
To Wi	om Paid			МО	DAY	YEAR		
DAVII	ROWE			140		ILAK		
Mailin	g Address			12	12	2024	\$	3,208.44
City	LEWISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I	
		PA	17837	CAMPAI	GN TRAVE	L REIMB	JRSEMEN	IT
To Wi	om Paid			МО	DAY	YEAR		
ANDE	RSON FOR PA HOUSE			1-10				
Mailin	g Address			12	12	2024	\$	1,000.00
City	DILLSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17019	CONTRI	BUTION			
To W	om Paid			МО	DAY	YEAR		
PUBL	C IMPACT STRATEGIES			140		ILAK		
Mailin	g Address			12	13	2024	\$	5,000.00
City	LEWISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
		PA	17837	CAMPA1	GN COMM	UNICATI	ONS CON	SULTING
		•	•	-				

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

PAGE TOTAL

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