

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		FRIENDS FOR RICK GORDON		
Street Address		12 SUGARBROOK RD		
City	State	Zip Code		
MALVERN	PA	19355		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
5/20		2025	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/18/2025	6/1/2025	
A. Amount Brought Forward From Last Report	\$	3,274.50	2025 JUN -9 AM 9:58 CHESTER COUNTY VOTER SERVICES
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	949.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4,223.50	
D. Total Expenditures (From Schedule III)	\$	2811.45	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1412.05	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9th day of June 20 25
 Signature

My Commission expires 2 26 2029
 MO. DAY YR.

Signature of Person Submitting report
 NEIL H. DAVIS
 Printed Name

416 389-2645
 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

9th day of June 20 25
 Signature

My Commission expires 2 26 2029
 MO. DAY YR.

Signature of Candidate
 Richard M. Gordon
 Printed Name

215 990-4262
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 MATTHEW E. HUGHES - Notary Public
 Chester County
 My Commission Expires February 14, 2029
 Commission Number 1453988

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PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor		ROBERT A. DELUCA		Date [MM/DD/YYYY]	4/24/2025	\$	500 ⁰⁰
House #	11	Street Address		SMEDLEY DR		Date [MM/DD/YYYY]	\$
City	NEWTON SQ	State	PA	Zip Code	19073	Date [MM/DD/YYYY]	\$
Employer Name		ROBT DELUCA + ASSOC		Occupation		ATTY	
Employer Mailing Address / Principal Place of Business		959 WEST CHESTER PIKE, HAUGSTOWN, PA 19083					
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name		ROBT DE		Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
JOHN B MCGOIVAN, JR						4/14/2025		200 ⁰⁰ /100	
House #	Street Address		Date [MM/DD/YYYY]		\$				
210	ESPLANADE WAY								
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
PALM BEACH	FLA	33480							
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
JOHN & GEORGE								249 ⁰⁰ /100	
House #	Street Address		Date [MM/DD/YYYY]		\$				
176	ERUBB RD								
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
MALVERN	PA	19355							
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0.00
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2. Contributions of \$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)	\$	449.00
Total for the reporting period	(2)	\$ 449.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	500.00
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)	\$	\$ 500.00
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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 Page 1, Report Cover Page, Item B)	\$	949.00
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