

# Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF 7

(COVER PAGE)

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

Filer Identification Number: <span style="border: 1px solid black; padding: 2px;">1</span>		Report Filed By: <span style="border: 1px solid black; padding: 2px;">1</span>		CANDIDATE <span style="border: 1px solid black; padding: 2px;">1</span>		COMMITTEE <span style="border: 1px solid black; padding: 2px;">2</span>		LOBBYIST <span style="border: 1px solid black; padding: 2px;">3</span>	
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS FOR RICK GORDON</b>									
Street Address: <b>12 SEAGARDEN RD</b>									
City: <b>MALVERN</b>				State: <b>PA</b>		Zip Code: <b>19355</b>			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	ANNUAL REPORT	<input type="checkbox"/>	YEAR <span style="border: 1px solid black; padding: 2px;">1</span>		FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	<input type="checkbox"/>
Name of Office Sought by Candidate: <b>SUPERVISOR</b>					DATE OF ELECTION MO. DAY YEAR <b>5 20 25</b>		District Number	Office Code <b>OTI+ REP</b>	Party Code <b>15</b>
							County Code <b>15</b>		
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY  2025 MAY - 7 PM 3:10 CHESTER COUNTY VOTER SERVICES			
		<b>3 1 2025</b>		<b>4 18 2025</b>					
A. Amount Brought Forward From Last Report		\$		<b>0.00</b>					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		<b>4,362.00</b>					
C. Total Funds Available (Sum of Lines A and B)		\$		<b>4,362.00</b>					
D. Total Expenditures (From Schedule III)		\$		<b>1,087.50</b>					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<b>3,274.50</b>					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		<b>0.00</b>					
G. Unpaid Debts and Obligations (From Schedule IV)		\$		<b>0.00</b>					

## AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	
<p>I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, is true and correct and complete.</p> <p>Sworn to and subscribed before me this <u>5th</u> day of <u>May</u>, 20<u>25</u>.</p> <p><i>[Signature]</i> Signature</p> <p>My commission expires <u>04</u> <u>24</u> <u>27</u>. MO. DAY YR.</p>	<p>I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, is true and correct and complete.</p> <p>Sworn to and subscribed before me this <u>5th</u> day of <u>May</u>, 20<u>25</u>.</p> <p><i>[Signature]</i> Signature of Person Submitting Report</p> <p><b>IVEIL N. DAVIS</b> Printed Name</p> <p><u>610</u> Area Code</p> <p><u>389-2065</u> Daytime Telephone Number</p>

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.	
<p>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.</p> <p>Sworn to and subscribed before me this <u>6th</u> day of <u>May</u>, 20<u>25</u>.</p> <p><i>[Signature]</i> Signature</p> <p>My commission expires <u>June</u> <u>6th</u> <u>2028</u>. MO. DAY YR.</p>	<p>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.</p> <p>Sworn to and subscribed before me this <u>6th</u> day of <u>May</u>, 20<u>25</u>.</p> <p><i>[Signature]</i> Signature of Candidate</p> <p><b>RICHARD M. GORDON</b> Printed Name</p> <p><u>215</u> Area Code</p> <p><u>970-4262</u> Daytime Telephone Number</p>

Commonwealth of Pennsylvania - Notary Seal  
JOSHUA WILLIAMS - Notary Public  
Chester County  
My Commission Expires June 6, 2028  
Commission Number 1446493

Bureau of Commissions, Elections and Legislation  
Office Building • Harrisburg, PA 17120-0029 • (717) 787-5290

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) \$ 25.00

**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) \$

Total for the reporting period (2) \$

**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) \$ 4337.00

Total for the reporting period (3) \$ 4337.00

**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 Page 1, Report Cover Page, Item B) \$ 4,362.00



**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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
MARIE G QUINN-JOHNSON					4/1/25			1200 <sup>00</sup>
House #	301	Street Address	WORINGTON DR		Date [MM/DD/YYYY]		\$	
City	WEST CHESTER	State	PA	Zip Code	19382	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
MICHAEL J BLACIC					3-27-25			50 <sup>00</sup>
House #	12	Street Address	COURT RUN		Date [MM/DD/YYYY]		\$	
City	MALVERN	State	PA	Zip Code	19355	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
EILEEN A. BEHM					3-25-25			25 <sup>00</sup>
House #	2010	Street Address	YORK RD, Apt 313		Date [MM/DD/YYYY]		\$	
City	JAMISON	State	PA	Zip Code	18929	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
NEIL L. DAVIS					4/1/25			100 <sup>-</sup>
House #	728	Street Address	PROVIDENCE RD		Date [MM/DD/YYYY]		\$	
City	MALVERN	State	PA	Zip Code	19355	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
RICHARD GORDON					3/31/2025			249 <sup>00</sup>
House #	800	Street Address	N NEW ST.		Date [MM/DD/YYYY]		\$	
City	WEST CHESTER	State	PA	Zip Code	19380	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JAMES J. BUDDLE					3-30-25			100 <sup>00</sup>
House #	704	Street Address	GREENVIEW LAKE		Date [MM/DD/YYYY]		\$	
City	DOYLESTOWN	State	PA	Zip Code	18901	Date [MM/DD/YYYY]		\$



**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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
MARY RAUGHFELD					3/26/25		\$	250 -
House #	Street Address		Date [MM/DD/YYYY]		\$			
727	HILL VIEW RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
MALVERN	PA	19355			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
LESLIE J. GREEN					3-21-2025		\$	\$100 -
House #	Street Address		Date [MM/DD/YYYY]		\$			
2	CASTLE BAR LAWN				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
MALVERN	PA	19355			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
CLAUDE KENSHNER					3-1-2025		\$	244 -
House #	Street Address		Date [MM/DD/YYYY]		\$			
1	1 SUGARBROOK RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
MALVERN	PA	19355			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
SARAH GORDON					3-1-2025		\$	249 <sup>pro</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
12	SUGARBROOK 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]		\$			
					\$			

**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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GREG HACKER					4/8/25		100 <sup>00</sup>
House #	Street Address			Date [MM/DD/YYYY]	\$		
15	COLONIAL WAY						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
KILMER	PA	19355					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LOUIS RAVEN					4/9/25		\$ 249 <sup>00</sup>
House #	Street Address			Date [MM/DD/YYYY]	\$		
10	OLD COVERED BRIDGE RD						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
NEWTOWN SQ	PA	19073					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
WILLIAM HEFFERNAN					4/11/25		200
House #	Street Address			Date [MM/DD/YYYY]	\$		
5	TREBLE LN						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
KILMER	PA	19355					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
KATHLEEN HEENAN					4/15/25		249
House #	Street Address			Date [MM/DD/YYYY]	\$		
	PO BOX 780						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
BRYN MAWR	PA	19010					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
AUDREY HEENAN					4/17/25		249
House #	Street Address			Date [MM/DD/YYYY]	\$		
10	WESTVIEW RD						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
BRYN MAWR	PA	19010					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LORI HEENAN					4/17/25		249
House #	Street Address			Date [MM/DD/YYYY]	\$		
8	CASTLEBAR LN						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
KILMER	PA	19355					



## 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		COLLEEN M. HEENAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		BRENDAN P. HEENAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		RYAN M. HEENAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	6	Street Address		CASTLEBARK LN	Date [MM/DD/YYYY]	\$	
City	MALVERN	State	PA	Zip Code 19355	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JOSEPH P. HEENAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	Street Address		PO BOX 780		Date [MM/DD/YYYY]	\$	
City	BRYN MAWR	State	PA	Zip Code 19010	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		HENRY YORDAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	152	Street Address		GLUBB RD	Date [MM/DD/YYYY]	\$	
City	MALVERN	State	PA	Zip Code 19355	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JULIE FRISZMAN			Date [MM/DD/YYYY]	\$	249 <sup>00</sup>
House #	34	Street Address		CATWYND RD	Date [MM/DD/YYYY]	\$	
City	PAOLI	State	PA	Zip Code 19301	Date [MM/DD/YYYY]	\$	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		JULIAN RAVEN			Date [MM/DD/YYYY]	\$	1087.50
					04/18/2025		
House #	10	Street Address	OLD COVERED BRIDGE RD			Description of Expenditure	
City	NEWTOWN SQUARE	State	PA	Zip Code	19073	WEB PAGE	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			