

# 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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	ANTHONY W. DAVIS				
Street Address	8945 Old French Road				
City	Erie	State	Pa	Zip Code	16509

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/16/2023	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/01/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0	2023 MAY -5 PM 12:36 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,267.59	
C. Total Funds Available (Sum of Lines A and B)	\$	1,267.59	
D. Total Expenditures (From Schedule III)	\$	1,050.61	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	216.98	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,759.87	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

<b>Affidavit Section</b> 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 of paper to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this 5 <sup>th</sup> day of May 2023 [Signature] Signature My Commission expires 10/02/2026 MO. DAY YR.		[Notary Seal: Angela L. Watson, Notary Public, Commonwealth of Pennsylvania - Erie County, Commission expires December 14, 2026] [Signature: Anthony W. Davis] Signature of Person Submitting report Anthony W. Davis Printed Name 814 Area Code 572-7459 Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee, authorized committee sign here. I swear (or affirm) that to the best of my knowledge and belief the 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 _____ day of _____ 20____ _____ Signature My Commission expires _____ MO. DAY YR.		_____ Signature of Candidate _____ Printed Name _____ Area Code _____ Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	
<b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	217.59
Total for the reporting period (2)	\$	
<b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	1,050.00
Total for the reporting period (3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	
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)		\$ 1,267.59

**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.

Filer Identification Number																			
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														Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]						\$			
House #		Street Address		Date [MM/DD/YYYY]						\$					
City		State		Zip Code		Date [MM/DD/YYYY]						\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]						\$			
House #		Street Address		Date [MM/DD/YYYY]						\$					
City		State		Zip Code		Date [MM/DD/YYYY]						\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]						\$			
House #		Street Address		Date [MM/DD/YYYY]						\$					
City		State		Zip Code		Date [MM/DD/YYYY]						\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]						\$			
House #		Street Address		Date [MM/DD/YYYY]						\$					
City		State		Zip Code		Date [MM/DD/YYYY]						\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]						\$			
House #		Street Address		Date [MM/DD/YYYY]						\$					
City		State		Zip Code		Date [MM/DD/YYYY]						\$			
Full Name of Contributing Committee						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]		\$	100.00
KEVIN Ingram					04/02/2023			
House #	8905	Street Address			Honeysuckle Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	117.59
MARK A. Welka					05/01/2023			
House #	10160	Street Address			Tiger Lily Lane		Date [MM/DD/YYYY]	\$
City	Waterford	State	Pa	Zip Code	16441	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]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

**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 over \$ 250.00 in the reporting period.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

**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				John M. and Jennifer R. Davis		Date [MM/DD/YYYY]	\$	1,050.00
						04/26/2023		
House #	980	Street Address		Townhall Road West		Date [MM/DD/YYYY]	\$	
City	Waterford	State	Pa	Zip Code	16441	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								
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 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.

Filer Identification Number:	
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Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									

**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**

Filer Identification Number:

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period

(2)

\$

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

1,759.87

**TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)**

\$

1,759.87

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	695.10
John M. and Jennifer A. Davis					04/11/2023			
House #	980	Street Address			Townhall Road West		Date [MM/DD/YYYY]	\$
					04/19/2023			1,064.77
City	Waterford		State	Pa	Zip Code	16441		Date [MM/DD/YYYY]
Employer Name					Retired			
Employer Mailing Address / Principal Place of Business					Occupation			
					Description of Contribution			
					Political Signs			
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					Description of Contribution			
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					Description of Contribution			
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					Description of Contribution			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Printing Concepts Inc			Date [MM/DD/YYYY]		\$	1,050.61
House #	4982	Street Address		Pacific Ave		Description of Expenditure		
City	Erie		State	Pa	Zip Code	16506 Handout cards and mailing		
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			

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							