Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

			u iegibie. It sno	uid be typed)	
Filer Identification Number	Report Filed E	By Candida	ate X	Committee		Lobbyist
Name of Filing Committee, Candidate or			1			
Lobbyist Street Address	1/1/7	/ ^ ^	N. Davi		 .	
	874		rench Ko	ks.		
City Erie		State	Pa	Zip Code	16509	
Type of Report (Place x under report type)						, -
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary 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
Date Of Election (MM/DD/YYYY)	Year	<u> </u>	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date) }		For	Office Use Only	
Expenditures 04/01/262.	3 05/0,	1/2023				
A. Amount Brought Forward From Last Repor	t S	0			á	2
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1,2	67.59 67.59 50.61			Hang Hang	2023 HAY
C. Total Funds Available (Sum of Lines A and B)	\$ 1,2	67.59			AL.	1
D. Total Expenditures	8 10				ATION TO A	-m
(From Schedule III) E. Ending Cash Balance	1,0:	50.6/			2	PM 12:
(Subtract Line D from Line C)	1 2	16.98				, 15.
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 17	59.87			웆	တ
G. Unpaid Debts and Obligations	8 77					
(From Schedule IV)		<u> </u>				
Part 1- If this is a Committee report, treasurer sign h	ere. If this 🙀 Ca	Affidavit Se didate Aport, ca	ndidata sian hara			
I swear (or affirm) that this report, including the atta	ched schedeles of	paper to the	best of my knowled	ige and belief ti	ue, correct and compl	ete.
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this day of 202023	Per	weal geta	Mathon	20 1.11	0-112	
July of the Ham	nsylv	on m ₹9 —	Signature/	of Person Subm	itting. rep ort a.	
Signature	- mia	Pennsylvania Pennsylvania atson, Notar, rie County axpires Dece	1-177	940NY 10 Printed Nam	1. Davis	
My Commission expires 18 10 2 1 3036	number ia Associ	nnsylvanii on, Nota County	214	Timitod Nam	<i>ドッ</i> ク - ライド	9
MO. DAY YR.	Association		rea Code	Day	time Telephone Numb	
Part II- If this is a report of a Candidate's Authorized	0170	m L a i	ere			 -
I swear (or affirm) that to the best of my knowledge amended.	and belief the poli	tigal committee	has not violated an	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	<u> </u>					
day of20	_ ' 1					
			Sign	nature of Candid	late	
Signature	-			Printed Name		
My Commission expires	_					
MO. DAY YR.		A	rea Code	Dayt	ime Telephone Numbe	or .

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$ 50.00 or Less per Contributor		
	100	
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	8	217.59
Total for the reporting period (2)	8	· •
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	8	1,050.00
Total for the reporting period (3)	8	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	<u> </u>
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)	8	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	n Numder				
				,	Amount
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address	1		Date [MM/DD/YYYY]	
					1
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY].	48 C
Full Name of Co Committee	intributing	1		Date [MM/DD/YYYY]	
House #	Street Address	5		Date [MM/DD/YYYY]	
City	<u>kan di karata</u> .	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing	1	, ·: · <u> </u>	Date [MM/DD/YYYY]	
House #	Street Address	3		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Gode	Date [MM/DD/YYYY]	************************************
Full Name of Co Committee	ntributing	1	1 · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
House #	Street Address	,		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8 -
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	8
House #	Street Address	}		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8

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 Contribu	tor Kevi	N Ingra	m	04/02/2023	8	100.00
House # 8905	Street Address	Honeysuc	m Kle Drive		8	
city. Ente		State Pa	Zip Code 16509	Date [MM/DD/YYYY]	8	
Full Name of Contribu	Torsi	ICARASICA"	124 (2016年2月20日20日) 124 (2016年2月20日20日)	Date [MM/DD/YYYY]	8	
	^	1ARK A.	Welka	05/01/2023	•	117.59
House # 10 160	Street Address	Tiger L	Welka ily Lane	Date [MM/DD/YYYYY]	82	
City Waterf	n ord	State Pa	Zip Code 1644/	Date [MM/DD/YYYY]	8	
Full Name of Contribu	tor	Karakari (wasa)	BA kinamana dakaran 1911	Date (MM/DD/YYYY)	8-	
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	107th Country!	DSVS IVI MADDAVAAAA	•	
VIV			Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contribu		··· •··		Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
) 27		
Full Name of Contribu	tor:			Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
		SE TRUITS		\$ 1 m	13 Y	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	Si	
City		State	Zip Code	Date [MM/DD/YYYY]	8 9	
MOUNTAIN:		1,3490.04	Page Strain Control	[]		

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.

Filer Identificatio	n Number:				
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
		[3/4			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee Ommittee	77874 mod 144 21942 h 22		Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City:		State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] 3	
City		- Cholos			
		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
				70 (25) 37 (24)	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] . 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	Referred to the control of the contr			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY]	
City	[전화기() 하시스 4년 -	State	Zip Gode	Date [MM/DD/YYYY]	

All Other Contributions

Over \$ 250.00

Filer Identification Number:

KAN ASSAUDING AND AND ASSAULT		ennifer R. Davis	Date [MM/DD/YYYY] 8 04/26/2023	1,050.00
House # 980 Street Addre	Townhal	1 Road West	Date [MM/DD/YYYY] \$	
Woberfor a Employer Name	State Ro	Zip Code 1644/	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	er i		Date [MM/DD/YYYY] \$	
City	ss 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 Addres	55		Date [MM/DD/YYYY] 8	
City .	State	Zip Code	Date [MM/DD/YYYY] 8	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business Full Name of Contributor	64 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Date MM/DD/YYYY	
House:# Street Address	55		Date [MM/DD/YYYY] \$	
Clty	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			[1] 经转载的经验补充利益的基础	

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	D er			
Full Name				
House #	Street Address			
City		State	2p	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House#	Street Address		***	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				[[[[] [] [] [] [] [] [] [] [
Full Name				
House #	Street Address			
City	The contract of the contract o	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description		There were I	Province Association L	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		1		13.000.000
House #	Street Address	,		
City		State	Zip	Date [MM/DD/YYYY] 8
Receipt Description			Code	

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				
				Terlevolukie s pyrkykorikastylionek kotonopyk (keik
1. UNITEMIZED IN-KIND CONT	RIBU IIUNS REGEIVED-VA	LUE UF \$ 50.00 UK LESS	SEK CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
0.0.00				
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50:0	11 TO \$ 250.00 (FROM PA		
TOTAL for the reporting period	(2)	8		
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	8	1.759.87	
		II	1,101,0	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		-		
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

Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date:[MM/DD/XYYY]
City State Zip Code	Date [MM/DD/YYYY] 8
Description of Contribution	Pagga
Full Name of Contributor	Date [MM/DD/YYYY] 8
#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] 3
Description of Contribution	
.Full Name of Contributor	Date [MM/DD/YYYY] 3
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] 8
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: "		
M2722CAP1753916145A714A71415151515174944A2CTM88FF6544E		
2006 N. 1964 N		
BASSANANISTO A BASTANDA ART DISCUSSION AND ART MANAGEMENT TO THE		

Full Name of Contributor	Date [MM/DD/YYYY] \$
John M. and Jennifer A. Davis	04/11/2023 695.10
House # 980 Street Address Townhall Road West	04/11/2023 695.10 Date [MM/DD/YYYY] 8 04/19/2023 1,064.77
City Waterford State Ra Zip Code 16441	Date [MM/DD/YYYY]
Employer Name Retired	Occupation
Employer Mailing Address / Principal Place of Business	Description of Colifical Signs Contribution
Eull 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] 3
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] 8
City State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

	 	4 - American Control of the Control
Filer Identification Number:		

To Whom Paid	Printi	ng Co	ncef	nts I	ic	Date [MM/DD/YYYY] 8	1,050.61
	Street Address		2 AUE	oto Ii		Description of Expenditure	
City Er	ie	State	Re	Zip Code	16506	Handout cards a	nd mailing
To Whom Paid						Date [MM/DD/YYYY] 4	
	Street Address					Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYYY] 8	
House #	Street Address					Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY] 8	
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] \$	
p	Street Address					Description of Expenditure	
City		State		Zip Code			
ro Whom Paid						Date [MM/DD/YYYY] 3	
	Street Address					Description of Expenditure	
City	·	State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address			· · ·	 .	Description of Expenditure	Biographic Control of the Control of
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:		
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt	Proceedings of Proceedings of	
Name of Creditor		Outstanding Balance of Debt!
	et Address DATE/DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	3
(City)	State Zip Code	
Description of Debt		
Name of Greditor	SQC-100 Process and the second	Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYYY]	
Gity	State Zip. Code	
Description of Debt		
Name of Greditor		Outstanding Balance of Debt
House # Stree	et Address DATE: DEBT: INCURRED [MM/DD/YYYY]	8
City	State Zip Gode	
Description of Debt	Description and the second sec	
Name of Creditor		Outstanding Balance of Debt
House # Street	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		