

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification Number	Report Filed I (Mark X)	By Candida	te	Committee	Lobbyist			
Name of Filing Committee, Candidate or Lobbyist Friends To Elect Davis								
Street Address	525 Indiana Dr.	· · · · · · · · · · · · · · · · · · ·						
City Erie	82200M 30800 000 L	State	PA	Zip Code 16505				
Type of Report (Place x under report t	type)	teer again (agraeada)	······································	The state of the s	······································			
1-6 th Tuesday 2-2 nd Friday 3-30	Day Post 4- 6th Tuesday	5- 2 nd Friday	6-30 Day Post	7-Annual Special 2"	" Friday Special 30 Day			
Pre-Primary Pre-Primary Prima	TE TIATEMEN (TO LOT SE VIGE COMMENTS FOR DESCRIPTION	Pre- Election	Election	Pre-Electi	40、17的10年19、1917年19、1917年19日 1917年1日 1			
Date Of Election (MM/DD/YYYY) 05/1	8/2021 Year	2021	Amendment Report	Terminati Report	on			
	Date To Date	e de la Companyoria		For Office Use O	Drily			
Expenditures 01	/01/2021 05	/03/2021						
A. Amount Brought Forward From La	st Report \$	0	A STANDARD OF STANDARD STANDAR	A STATE OF THE STA				
B. Total Monetary Contributions and (From Schedule I)	Receipts \$	15169.00	:					
C. Total Funds Available: (Sum of Lines A and B)	\$ 1	15169.00			202			
D. Total Expenditures (From Schedule III)	\$	1450.10			2021 MAY -			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1	13718.90			REC T-1			
F. Value of In-Kind Contributions Rec (From Schedule II)	elved \$	934.92						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5500.00			and the second s			
	11月15日中华区的学习代表的特殊	Affidavit Sec	tion		<u> </u>			
Part 1- If this is a Committee report, treasu I swear (or affirm) that this report, including				yo and halfafters ages - +				
Sworn to and subscribed before me this	ig me attauned sulledules Of	i paper, is to tile t	vest of my knowled	se and belief true, correct al	на сопірівсе.			
day of20_	<u> </u>	4	Kohen ?	nelliand				
		Pol	Signature o bin Malliard	f Person Submitting report				
Signature	······································	NO	on mundly	Printed Name				
My Commission expires	4 7	814	4	720-2236				
MO. DAY	YR.	A	rea Code	Daytime Telepho	ne Number			
Part II- If this is a report of a Candidate's Ai I swear (or affirm) that to the best of my kr amended.				provisions of the Act of June	e 3, 1937 (P.L. 1333, NO.320) as			
Sworn to and subscribed before me this			135					
day of20_	· 1				_ 			
Signature	·	Bre	nton Davis	ature of Candidate	 .			
	, 1	814		969-8215				
My Commission expires MO. DAY	YR.		rea Code	Daytime Telephon	e Number			

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	·····		
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	219.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part:B)		66. 188. st	
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1850.00
Total for the reporting period	(2)	\$	1850.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	5000.00
All Other Contributions (Part D)	··-	\$	8100.00
Total for the reporting period	(3)	\$	13100.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) (3. 4. 5. (4. 5. 5.		
Total for the reporting period	(4)	\$	0
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, Re		\$	4-1-0-0-

Cover Page, Item B)

15169.00

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.

					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
- Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ontributing	3000 V 51 39 3 4	186 (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966) ## (1966)	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
				Address of the second of the s	
Full Name of Co	ontributing		k k martin ya manayarakan ka	Date [MM/DD/YYYY]	Š
Committee					
House #	Street Address			Date [MM/DD/YYYY]	, \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
					ACC
Full Name of Co	entributing			Date [MM/DD/YYYY]	
Committee					57 (27) 57 (27)
House #	Street Address			Date [MM/DD/YYYY]	\$
			1 - 25 - 25 - 25 - 25 - 25 - 25 - 25 - 2		3-7-7-7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		16. 17. 6			
Full Name of Co Committee	intributing		,, 4	Date [MM/DD/YYYY]	Š
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
17.5		20 Say 18 3			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$ \$
House #	Street Address			Date [MM/DD/YYYY]	**************************************
				1977 - P. Lewiston and St.	
City		State	Zip Code	Date [MM/DD/YYYY]	S
3 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		1602388			\$\$\dag{2}_0

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.)

And (1994年) And (1994年) 1994年 (1994年) And (1994年) 1994年 (1994年) 1994年 (1994年)	<u> </u>	 	
Filer Identification Number:			
等54年5日 (2015年1月1日 1月1日 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日			
PROPERTY CONTROL OF THE PROPERTY OF THE PROPER			
PONTAGE AND			

Full Name of Contributor			989
Full Name of Contributor Joseph Benaco		Date [MM/DD/YYYY]	
		04/21/2021	100.00
House # Street Address		Date [MM/DD/YYYY]	
Al Al	ine Dr		
City Erie	State Zip Code 16509	Date [MM/DD/YYYY]	15:
	Pa 16509		
Full Name of Contributor		Date (MM/DD/YYYY) S	
Gregory Lucas		04/21/2021	100.00
House # Street Address		Date [MM/DD/YYYY] S	
100 Sh	errod Hill Road		
City	State Zip Code	Date [MM/DD/YYYY] \$	is and the second secon
Edinboro	Pa 16412		
Full Name of Contributor		Date [MM/DD/YYYY] s	
Richard Taylor		04/25/2021	100.00
House# Street Address		Date (IMM/DD/YYYY) \$	
	cific Ave	04/30/2021	100.00
City	State Zip Code	Date [MM/DD/YYYY] \$	W
Erie	PA 16506	CONTRACTOR OF THE CONTRACTOR O	
Full Name of Contributor	PASSESSESSESSESSESSESSESSESSESSESSESSESSE	Date (MM/DD/YVV)	
Eric Luke		04/22/2021	100.00
House # Street Address		Date:[MM/DD/YYYY] \$	
	ke Road		
Gity	State Zip Code	Date (MM/DD/YYYY) \$	90
North East	Pa 16428	Pate (MIN/OD/1011)	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Adam Santucci		04/16/2021	100.00
House# Street Address		Date [MM/DD/YYYY] \$	
	Lancaster Ave Suite 110		
City	State Zip Code	DASS I MANUS PARAMANA	
Devon	State Pa Zip Code 19333	Date [MM/DD/XYYY] \$	
Full Name of Contributor		Date [MM/DD/WW] \$	
Harvey Insler			100.00
		04/14/2021	
が高いない。 ・ は、	age Common Drive	Date [MM/DD/YYYY] \$	
	-		64 C
City Erie	State Zip Code 16506	Date [MM/DD/YYYY] 5	i i
	10000		

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/Y/YY)	
Marco Attisano		05/01/2021	100.00
House # Street Address 429 Fourth Ave Suite 1		Date [MM/DD/\\\\\\\)	
Fourth Ave. Suite 1	.705		
City Pittsburg State	Zip Code 15219	Date [MM/DD/XYYY]	
	15219		
Full Name of Contributor		Date (MM/De/XVVI)	
James Shipley		04/12/2021	250.00
House:# Street Address		Date (MM/DD/YYYY)	
6444 Lake Forest Drive			
City	Zip Code	Date (MM/DD///YY)	
Erie Pa	16511		
Full-Name of Contributor		Date [MM/DD/YYYY] S	
Jon Whaley		04/21/2021	100.00
House# Street Address		Date [MM/DD/YY/Y]	
Gordon Lane			
Glty State	Zip Code	Date [MM/DD/YYYY] \$	
Pa Pa	16509		
Full Name of Contributor	TO A RESIDENCE OF THE PROPERTY	Date (MM/0D/YYY)	975.
Ted Forsberg		04/21/2021	100.00
House # Street Address		Date [MM/DD/YYYY] S	
4626 Peach Street			
City	Zip Code	Date (MM/OD/W/Y/) \$	8
Pa Pa	16509		
Full Name of Contributor	Process and respective and state [Date (MM/DD/YYYY) s	
Ed DiMattio		With the second	
		04/21/2021	100.00
House # Street Address		04/21/2021 Date [MM/DD/YYYY] \$	
House # Street.Address 1303 Timber Ridge Drive		04/21/2021 Date [MM/DD/YYY/] \$	
1303 Timber Ridge Drive		Date [MM/DD/\\\)	
1303 Timber Ridge Drive City State Page	Zip Code	Date [MM/DD/YYYY] S	
1303 Timber Ridge Drive	Zip code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYYY] \$	
Timber Ridge Drive City Erie Ridge Drive	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City. Erie State Pa Full Name of Contributor Amy Morclli	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	100.00
Timber Ridge Drive City Erie State Pa Full Name of Contributor	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	100.00
City Erie State Pa Full Name of Contributor Amy Morcili House # 2154 Street Address East Lake Road	Zip Code 16509	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 04/21/2021 Date [MM/DD/YYYY] 9	100.00
Timber Ridge Drive City Erie Pa Full Name of Contributor Amy Morelli House # 2154 Street Address East Lake Road	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	100.00

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 Na	me of Contribu	tor			Date [MM/DD/YYV/]	S	
		Richard Chap	man		03/06/2021		100.00
House		Street Address			Date [MM/DD/YYYY]	S.	
	943		Moorheadville Road				
City	North East		State Pa	Zip Code 16428	Date (MIN/DD/YYYY)	\$	
	me of Contribu	Year Yill					
run Na	me or Continu	Jack R Foht			Date (MM/DD/AWW)	s	200.00
House	<u>a</u> l				03/13/2021 Date [MM/DD/YYYY]		200.00
	400	Street Address	Lord Street		PORCE (MINIPOATARA)	Š	
City			State	Zip Code	Date (MM/DD//V///)	S	
	Fairview		PA	16415			
Full Na	me of Contribu	tor	1,11,11,11,11,11,11,11,11,11,11,11,11,1	Proceedings of the Process of the Pr	Date (MIN/DE/A) TYI	\$	
		David DeMare			04/21/2021		100.00
House	(A)	Street Address		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY)	5	
	320	I	Nevada Drive				
City	Erie		State Pa	Zip Code 16505	Date MM/DD/WW/	S	
				10303			
Full Na	me of Contribu	tor.			Date [MM/DD/YYYY]	Ç	
House	u T						
nouse		Street Address			Date [MM/DD/YYYY]	Ş	
City			State	Zip Code	#Date (MM/DD/WWW)	\$	
- 77				-1100-			
Full Na	me of Contribu	tor	TOTAL SECTION SECTION	和特別的社会会社等的的工作。有多文化的中心	Date (MM/DD/YYYY)	\$	
House I		Street Address			Date [MM/DD/YXYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
	ne of Contribu						
run Nai	ne or contribu	U			Date [MM/DD/AYAY]	\$	
House #		Street Address			Date (MM/DD/VYYY)		
					SPACE (WIND AD AD AD AD	\$	
City	(E)		State	Zip Code	Date [MM/DD/WWY]	S	
					Harmon Ha	7	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of	***		Date (MM/DD/AWW)	S	
Contributing Committee	Committee To Elect Dan Laughlin	ì	03/20/2021	100	5000.0
E11940740740745404414405744	reet/Address		Date [MM/DD/YYYY]	\$	
4619	Autumwood				
City Erie	State PA	Zip Code 16506	Date [MM/DD/YYYY]	Ş	
Full Name of Contributing Committee	No. the Control of th		// Date [I/M//DD/\/\\}]	S	
House # Str	reet Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code		\$	
Full Name of Contributing Committee	a. The state of th		Date [MM/DD/YYYY]	\$	
	reet Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Ś	
Full Name of Contributing Committee			Pate (MM/DD/AYA)	\$	
	eet Address		Date [MM/DD/XYYY]	\$	
Ġły .	State	Zíp Code		\$	
Full Name of Contributing Committee				S	
	eet Address			\$	
(Gity)	State	Zip Code		\$	
Full Name of Contributing Committee				9	
	eet Address			\$	
City	State	Zip Code	Date [MM/DD/XYYY]	\$	

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:

	26.00 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·····			
Full Name of Contri	रेग रेग			Date (MM/DD/MYX)	8 8
	Philip English	I		04/21/2021	600.00
House#	Street Address			Date [MM/DD/YYYY]	\$
208	E	ast Bayfront Parkway	y # 102		
City Erie		State Pa	Zip Code 16509	Date [MM/DD/YYYY)	1 4 1 1 1 1 1 1 1 1 1 1
Employer Name				Occupation	
Employer Mailing A Principal Place of Bu				Proceedings	
Full Name of Contril	STATE OF THE PROPERTY OF THE P			3Date (MM/Ob/AYAY)	
	Erin Green	•		04/22/2021	500.00
House# 2233	Street Address	L Part		Date [MM/DD/YYYY]	
	E	bco Drive			
City Erie		State Pa	Zip Code 16506	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	多 器
Employer Mailing Ac Principal Place of Bu					
Full Name of Contrib	lutor.	**************************************		Date [MM/DD/YYYY]	\$
e Paper	Lori Hetrick			04/23/2021	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$
2614	F-	act 7Cth Ctuant			
2614	Ea	ast 26th Street	The second secon		
Gity Erie		State Pa	Zip Code 16510		\$
City Erie Employer Name		State Pa		Date (MM//DD/XXXX)	
Gity Erie	lidress:/	State Pa			
Erie Employer Name Employer Mailing Ac	ldress / siness	State Pa			\$
Employer Name: Employer Mailing Ad Principal Place of But Full Name of Contrib	Idress / Siness : Stephen Watts	State Pa		Occupation	46 1 1 1 1 1 1 1 1 1
Employer Name Employer Mailing Ac Principal Place of Bu	dress / Siness utor Stephen Watts	Pa		Date [MM/DD/YYYY]	\$
Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib House #	dress / Siness utor Stephen Watts	State Pa	16510	Date [MM/QD/YYYY] 04/21/2021 Date [MM/QD/YYYY]	1000.00
Employer Name Employer Mailing Ad Principal Place of Bu Full Name of Contrib	dress / Siness utor Stephen Watts	Pa		Date [MM/DD/YYYY] 04/21/2021 Date [MM/DD/YYYY]	\$ 1000.00
Employer Name Employer Mailing Ad Principal Place of Bu Full Name of Contrib House # 12160	Idress / Siness : Utor Stephen Watts Street Address Tr	State Pa	Zip Code	Date [MM/DD/YYYY] 04/21/2021 Date [MM/DD/YYYY]	\$ 1000.00 \$

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 N	umber:					
Full Name of Contr	Brenton Davis				Date [MM/DD/YYYY] 5	500.00
House #	Street Address				03/02/2021 Date [MM/DD/YYYY] \$	
609	E. G	ore Road			03/26/2021	5000.00
City Erie	Electronic states in the second control to	State Pa	Zip Code	09	Date [MM/DD/AYYY] \$	
Employer Name					Occupation	
Employer Mailing A			· · · · · · · · · · · · · · · · · · ·			
Principal Place of B Full Name of Contr	TECHNIC STREET, CO. C.	· ·			Date:[MIM/DD/WWW]	±2
					Date [MM/DD/YYYY] \$	
House #	Street Address	, , <u>, , , , , , , , , , , , , , , , , </u>			Date [MM/DD/XYYY] \$	
City		State	Zip Code		Date (MM/DD/\\\\\)	
Employer Name		#274 X 1 1 1 1 1 1 1 1 1	\$ 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6		Occupation	
Employer Mailing A Principal Place of 8						
Full Name of Contr	ALGORITHM TO THE PARTY WAS TO VEST TO THE STATE OF THE ST				Date [MM/DD/YYYY] \$	7
and Armed The Control						
House #	Street Address				Date [MM/DD/YYYY] \$	
City		State	Zip Code		Date [MM/DD/YYYY] S	X
Employer Name					Occupation	31-
Employer Mailing A Principal Place of B				• • • • • • • • • • • • • • • • • • • •		
Full Name of Contri	butar				Date (MM/OD/AYYY) \$	
House #	Street Address				Date [MM/DD/YYYY] \$	
City		State	Zip Code		Date [MM/DD/YYYY] \$	
Employer Name					Occupation	
Employer Mailing A Principal Place of Bi						

PART E

Other Receipts

REFUNDS, INTREST 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 Num	oer:				
Full Name					
House #	Stree	et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name			· · · · · · · · · · · · · · · · · · ·		
House #	Stree	et Address			
City			State	Zip Code	Date/[MM/DD/YYYY] \$.
Receipt Description		·			
Full Name					· · · · · · · · · · · · · · · · · · ·
House#	Stree	≄,'Address			
City		GOBIC PERSON A THEODOL	State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name		· · · · · · · · · · · · · · · · · · ·			
House#	Stree	et Address			
City			State	Zip Code	Date [MM/DD/YYYY]
Receipt Description					
Full/Name					
House #	Stree	t Address	······································		
City		在这里的各种的经验。	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name			 		
House #	Stree	t Address			
City		magna engli englis (200	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			[5:363842]		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	<u> 2. januar 2000 yili tagʻirtin y</u>	e e gee e ega e e e		viji (1940.) 1941. (1949.)	্ভাগ কলৈ কলে সামস্থা নিশ	
gradienie in de la d La dela de la dela de la dela de la dela de	en werd op 1997 in de eerste en s	and with a second second	ala alaman s	uun kaalusta ka saata ka saat	gara e i nome deserboare Los sis	ent in Na hattande in Lingue in Lingue in Lingue
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VA	UUB OF \$50:00 C	OR LESS PER (ONTRIBUTOR		
TOTAL for the reporting period	(1)	\$	0	e se		

2. IN-KIND CONTRIBUTIONS R	(ECEIVED-VALUE UF \$50.)	II 10 \$250.00 (F)	KUM PAKI F			
TOTAL for the reporting period	(2)	\$	146.28			
3. IN-KIND CONTRIBUTION RB	GEIVEDAVALUE OVER \$25	0.00 (FROM PAR	TG)			
TOTAL for the reporting period	(3)	\$	788.64			
TOTAL VALUE OF IN-KIND CONTRIBU	TIONS DI IRING THIS REPO	ORTING S				
PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3;		934.92			

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO \$25)Ü		
Filer Identification	Number:					
	W124 W12					
Full Name of Con			The state of the s	Date [MM/DD/YYYY]	168.2	
	Brenton Davi	is		03/24/2021		146.28
House # 609	Street Address			Date (MM/DD/YYYY)	<u> </u>	
	l l	E. Gore Road			44	
City Erie		State PA	Zip Code	Date (MM/DD/YYYY)	\$	
		PA	16509			
Description of Co	ntribution	Business Cards	- "			
Full Name of Con	tributor			Date (MM/DD/YYYY)	\$	
						ere e e e e e
House #	Street Address			Date [MM/DD/YYYY]	\$	
		•		Sign Edward of Lances Construction of Victorian Print	7	
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$.	
Description of Co	ntribution	2.35.65.00			1993	
Full Name of Con					en adams.	
Full Name of Com	tributor			Date (MM/DD/YXYY)	\$	
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1						
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	erang da ing pangkan da kabupatèn Pangkan	State	ZipCode	Date (MM/DD/YXYY)	\$	
Description of Co						
					·	
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$	
10 m 20 m 10 m		g de la companya de l				
House #	Street Address			Date [MM/DD/YYYY]	\$	
i.		į.				
City	TEST CUPETRALOR SALPERSON	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Cor	ntribution		en transport of particles to the state of the state of		12 15 15 15 15 15 15 15 15 15 15 15 15 15	The second state of the second state of the
Full Name of Cont	iributor	Viscona .		Date [MM/DD/YYYY]	\$	
House #	Street Address	* **:		Date (MM/DD/XXXX)	\$	
City	(AT 12.5/MPG BESTER)	State	Zip.Cotte	Date (MM/DD/VVVVI)	10	

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Filer Identification Number:	
The state of the s	

Full Name of Contributor			Date [MM/DD/YYYY] \$	39
	Brenton Davis			788.64
House # Str.			05/032021 Date [MM/DD/YYYY]	
609	eet Address E. Gore Road			
City Erie	State Pa	Z ip Code 16509	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	<u> </u>
Employer Mailing Address Place of Business	/ Principal		Description of 4x8 signs Contribution	
Full Name of Contributor			*Date [MM/DD/YYYY] \$	100 A 1 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	A CANADA
Employer Name			Occupation	
Employer Mailing Address Place of Business	/Principal		Description of Contribution	
Pull Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Place of Business	/ Principal		Description: of Contribution:	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
en grade	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Place of Business	/ Principal		Description of Contribution	-

Statement of Expenditures

	•
Filer Identification Number:	

To Whom Paid			Date [MM/DD/MYY]	
	PNC Bank		03/11/2021	22.99
House # 2157	Street Address West 8th Street		Description of Expenditure	
City Erie	State Pa	Zip Code 16505	Check order	
To Whom Paid	Paypal		Date [MM/DD/YYYY] \$ 03/3/2021	5.26
House # 2211	Street Address North First Street		Description of Expenditure	
City San Jose	State CA	Zip Code 95131	paypal fee	
To Whom Paid	Erie Yacht Club		Date [MM/DD/YYYY] \$ 04/21/2021	355.50
House # 1	Street Address Ravine Dr		Description of Expenditure	
Clty/ Erie	State Pa	Zip Code 16512	Food Service	。 第1886年2月,1985年1月1日日本東京大学大学大学大学大学大学大学大学大学大学工作。 1986年1月1日
To Whom Paid	Condor Creative	Technologistis and According 1	Date [MM/DD/YYYY] \$ 04/21/2021	1010.00
House # 5062	Street Address Ellington Drive		Description of Expenditure	
City Erie	State Pa	Zip Eode 16505	Filming and Editing	<u></u>
To Whom Paid	Paypal	DESCRIPTION OF A PROPERTY	Date [MM/DD/XYYY] / \$ 04/30/2021	53.15
2211	Street Address North First Street		Description of Expenditure	
City San Jose	State CA	Zip Code 95131	paypal fee	
To Whom Paid	Paypal		Date [MM/DD/YYYY] \$ 05/01/2021	3.20
2211	Street Address North First Street		Description of Expenditure	± 3
City San Jose	State CA	Zip Code 95131	paypal fee	
To Whom Paid			Date [MM/DD/XXXX] S	
House:#	Street Address		Description of Expenditure	a nave Less propaga
City	State	Zip Code		
To Whom Paid			Date [MM//DD//YYYY] / \$	
	Street Address		Description of Expenditure	
Clty	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.

o manage of a children o		4		
Name o	f Creditor			Processing the second dispersion to the second second second
House #		Brenton Davis		Outstanding Balance of Debt
	609		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		E. Gore Road	03/02/2021	2
City		Erie State	7/P	500.00
Descript	tion of Debt		PA Code 16509	
		Loan		
Name of	f Creditor	Brenton Davis		Outstanding Balance of Debt
House #	100000	et Address	DATE DEBT INCURRED	
	609	E. Gore Road	[MM/DD/YYYY]	\$
City			03/21/2021	
Lity		Erie State	Zip	5000.00
Descript)	lon of Debt		ra Code 16509	
		Loan		
Name of	Creditor			
House #	Sira	et Address		Outstanding Balance of Debr
		A Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	i l			
City		State	Zjo	
Descripti	on of Debt		Code	
		_		
Name of 0	reditor			Outstanding Balance of Debt
House#	Stree	et Address	DATE DEBT INGURRED	8
			[MM/DD/YYYY]	
City				
		State	Zip Code	
Descriptio	n of Debt	Parameters:	- Cone	
Name of C	reditor		1	Outstanding Balance of Debt
House #	Street	t Address	DATE DEBT/INCURRED	5
			[MM/DD/YYYY]	
City			Provide Company (September 1	
		State	Zip Code	
Description	n of Debt	[4330g579566]		
	The state of the s			
Name of C	editor			Outstanding Balance of Debt
louse #	Street	Address		<u>S</u>
			[MM/DD/YYYY]	
ity				
		State	Zip Code	
escription	of Debt	[22228:2498]		
			•	
				أحيين والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والم



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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Unsworn Statement in Lieu of Sworn Statement form Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Ca	ındidate, or	Lobbyist	
Reporting Cycle Nam	ie .			
Cycle 1 6th Tuesday Pre-Primary		r cle 2 y Pre-Primary	☐ Cycle 3 30 Day Post Primary	Cycle 9 30-Day Post Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist

Date

Robin L. Malliard

Printed Name



Pennsylvania Department of State

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

Printed Name