

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends To Elect Davis					
Street Address		525 Indiana Dr.					
City	Erie	State	PA	Zip Code	16505		

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 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)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	<div style="text-align: center;"> <p>2021 MAY -7 PM 1:09</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	15169.00	
C. Total Funds Available (Sum of Lines A and B)	\$	15169.00	
D. Total Expenditures (From Schedule III)	\$	1450.10	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	13718.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	934.92	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5500.00	

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

_____ day of _____ 20_____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Person Submitting report

Robin Malliard

Printed Name

814

Area Code

720-2236

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

_____ day of _____ 20_____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Candidate

Brenton Davis

Printed Name

814

Area Code

969-8215

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	219.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	1850.00
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Total for the reporting period	(2)	\$	1850.00
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	5000.00
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All Other Contributions (Part D)	\$	8100.00
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Total for the reporting period	(3)	\$	13100.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	0
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	15169.00
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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]		\$	
Joseph Benacci						04/21/2021		\$	100.00
House #	739	Street Address				Date [MM/DD/YYYY]		\$	
		Aline Dr						\$	
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Gregory Lucas						04/21/2021		\$	100.00
House #	100	Street Address				Date [MM/DD/YYYY]		\$	
		Sherrod Hill Road						\$	
City	Edinboro	State	Pa	Zip Code	16412	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Richard Taylor						04/25/2021		\$	100.00
House #	4748	Street Address				Date [MM/DD/YYYY]		\$	
		Pacific Ave				04/30/2021		\$	100.00
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Eric Luke						04/22/2021		\$	100.00
House #	11333	Street Address				Date [MM/DD/YYYY]		\$	
		Lake Road						\$	
City	North East	State	Pa	Zip Code	16428	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Adam Santucci						04/16/2021		\$	100.00
House #	426	Street Address				Date [MM/DD/YYYY]		\$	
		W. Lancaster Ave Suite 110						\$	
City	Devon	State	Pa	Zip Code	19333	Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Harvey Insler						04/14/2021		\$	100.00
House #	2374	Street Address				Date [MM/DD/YYYY]		\$	
		Village Common Drive						\$	
City	Erie	State	Pa	Zip Code	16506	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						Marco Attisano						Date [MM/DD/YYYY]		05/01/2021		\$		100.00					
House #		429		Street Address				Fourth Ave. Suite 1705				Date [MM/DD/YYYY]				\$							
City		Pittsburg				State		Pa		Zip Code		15219				Date [MM/DD/YYYY]				\$			

Full Name of Contributor						James Shipley						Date [MM/DD/YYYY]		04/12/2021		\$		250.00					
House #		6444		Street Address				Lake Forest Drive				Date [MM/DD/YYYY]				\$							
City		Erie				State		Pa		Zip Code		16511				Date [MM/DD/YYYY]				\$			

Full Name of Contributor						Jon Whaley						Date [MM/DD/YYYY]		04/21/2021		\$		100.00					
House #		447		Street Address				Gordon Lane				Date [MM/DD/YYYY]				\$							
City		Erie				State		Pa		Zip Code		16509				Date [MM/DD/YYYY]				\$			

Full Name of Contributor						Ted Forsberg						Date [MM/DD/YYYY]		04/21/2021		\$		100.00					
House #		4626		Street Address				Peach Street				Date [MM/DD/YYYY]				\$							
City		Erie				State		Pa		Zip Code		16509				Date [MM/DD/YYYY]				\$			

Full Name of Contributor						Ed DiMattio						Date [MM/DD/YYYY]		04/21/2021		\$		100.00					
House #		1303		Street Address				Timber Ridge Drive				Date [MM/DD/YYYY]				\$							
City		Erie				State		Pa		Zip Code		16509				Date [MM/DD/YYYY]				\$			

Full Name of Contributor						Amy Morcili						Date [MM/DD/YYYY]		04/21/2021		\$		100.00					
House #		2154		Street Address				East Lake Road				Date [MM/DD/YYYY]				\$							
City		Erie				State		Pa		Zip Code		16511				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					Richard Chapman					Date [MM/DD/YYYY]		03/06/2021		\$		100.00					
House #		943		Street Address			Moorheadville Road			Date [MM/DD/YYYY]				\$							
City		North East			State		Pa		Zip Code		16428			Date [MM/DD/YYYY]				\$			

Full Name of Contributor					Jack R Foht					Date [MM/DD/YYYY]		03/13/2021		\$		200.00					
House #		400		Street Address			Lord Street			Date [MM/DD/YYYY]				\$							
City		Fairview			State		PA		Zip Code		16415			Date [MM/DD/YYYY]				\$			

Full Name of Contributor					David DeMarco					Date [MM/DD/YYYY]		04/21/2021		\$		100.00					
House #		320		Street Address			Nevada Drive			Date [MM/DD/YYYY]				\$							
City		Erie			State		Pa		Zip Code		16505			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.

Filer Identification Number:

Full Name of Contributing Committee		Committee To Elect Dan Laughlin				Date [MM/DD/YYYY]	\$	5000.0
						03/20/2021		
House #	4619	Street Address		Autumwood		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	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 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		Philip English				Date [MM/DD/YYYY]	\$	600.00
						04/21/2021		
House #	208	Street Address		East Bayfront Parkway # 102		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Erin Green				Date [MM/DD/YYYY]	\$	500.00
						04/22/2021		
House #	2233	Street Address		Ebco Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Lori Hetrick				Date [MM/DD/YYYY]	\$	500.00
						04/23/2021		
House #	2614	Street Address		East 26th Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Stephen Watts				Date [MM/DD/YYYY]	\$	1000.00
						04/21/2021		
House #	12160	Street Address		Trinity Road		Date [MM/DD/YYYY]	\$	
City	North East	State	Pa	Zip Code	16428	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

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					Date [MM/DD/YYYY]		\$	
Brenton Davis					03/02/2021		\$	500.00
House #	609	Street Address	E. Gore Road		Date [MM/DD/YYYY]		\$	5000.00
					03/26/2021			
City	Erie	State	Pa	Zip Code	16509	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, 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 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 RECIEVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period (1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period (2)	\$	146.28
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period (3)	\$	788.64
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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)	\$	934.92
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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]		\$ 146.28
Brenton Davis					03/24/2021		
House #	609	Street Address	E. Gore Road			Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	
Description of Contribution		Business Cards					

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:

Full Name of Contributor				Brenton Davis		Date [MM/DD/YYYY]	05/03/2021	\$	788.64
House #	609	Street Address		E. Gore Road		Date [MM/DD/YYYY]		\$	
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution	4x8 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		PNC Bank			Date [MM/DD/YYYY]	\$	22.99
					03/11/2021		
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]	\$	5.26
					03/3/2021		
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]	\$	355.50
					04/21/2021		
House #	1	Street Address	Ravine Dr		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16512	Food Service	
To Whom Paid		Condor Creative			Date [MM/DD/YYYY]	\$	1010.00
					04/21/2021		
House #	5062	Street Address	Ellington Drive		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16505	Filming and Editing	
To Whom Paid		Paypal			Date [MM/DD/YYYY]	\$	53.15
					04/30/2021		
House #	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]	\$	3.20
					05/01/2021		
House #	2211	Street Address	North First Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	paypal fee	
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		Brenton Davis				Outstanding Balance of Debt	
House #	609	Street Address	E. Gore Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	500.00
City		Erie	State	PA	Zip Code		
Description of Debt		Loan					

Name of Creditor		Brenton Davis				Outstanding Balance of Debt	
House #	609	Street Address	E. Gore Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	5000.00
City		Erie	State	Pa	Zip Code		
Description of Debt		Loan					

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							

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House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
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Description of Debt							



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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**Unsworn Statement in Lieu of Sworn Statement for
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 Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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 Committee, Candidate, or Lobbyist			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> 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.

Robin L. Malliard
Signature of Treasurer, Candidate, or Lobbyist

5-6-21
Date

Robin L. Malliard
Printed Name



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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.

A handwritten signature in black ink, appearing to read 'Brenton D. Davis', written over a horizontal line.

Signature of Candidate

A handwritten date '5/6/21' in black ink, written over a horizontal line.

Date

The name 'Brenton D. DAVIS' printed in black ink, written over a horizontal line.

Printed Name