

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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Brenton Davis					
Street Address		609 E. Gore Road					
City	Erie	State	PA	Zip Code	16509		

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	2021 MAY - 7 PM 4:03 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	5500.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	934.92	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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.

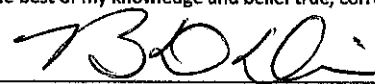
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.



Signature of Person Submitting report

Printed Name

Area Code

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.

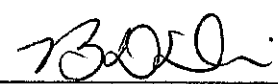
Sworn to and subscribed before me this

_____ 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			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
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)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
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>		\$	

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:									
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]		\$	
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					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 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)		\$	
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							
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:

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 146.28

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 788.64

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]		\$	
Brenton Davis					03/24/2021			
House #		Street Address			Date [MM/DD/YYYY]		\$	
609		E. Gore Road						
City			State		Zip Code		\$	
Erie			PA		16509			
Description of Contribution					Business Cards			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
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]	\$	788.64
							05/032021		
House #	609	Street Address		E. Gore Road		Date [MM/DD/YYYY]	\$		
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Employer Name									
Employer Mailing Address / Principal Place of Business									
					Occupation				
					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									
Employer Mailing Address / Principal Place of Business									
					Occupation				
					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									
Employer Mailing Address / Principal Place of Business									
					Occupation				
					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									
Employer Mailing Address / Principal Place of Business									
					Occupation				
					Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Friends To Elect Davis			Date [MM/DD/YYYY]	\$	500.00
House #	525	Street Address	Indiana Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan to campaign	
To Whom Paid		Friends To Elect Davis			Date [MM/DD/YYYY]	\$	5000.00
House #	525	Street Address	Indiana Drive		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Loan to campaign	
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						

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

2021 MAY -7 PM 4:03

ERIE COUNTY
VOTER REGISTRATION


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 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.



Signature of Treasurer, Candidate, or Lobbyist

5/7/2021

Date

Branton Daniel Davis

Printed Name



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

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

Date

Printed Name