

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

Filer identification			u legible. It sno		anathra and a second second and a second sec
Number	Report Filed (Mark X)	By Candida	ite 📗	Committee	Lobbylst
Name of Filing Committee, Candidate or Lobbyist	Brenton Davis				
Street Address	609 E. Gore Roa	ad			
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	4- 6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual Specia	al 2 ^{ns} Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election	Pre-El	ection Post-Election
Date Of Election (MM/DD/YYYY) 05/18/2021	Year	2021	Amendment Report	Termi Repor	nation t
Summary of Receipts and From Date	To Dat	e		For Office U	ise Only
Expenditures 01/01/2021	05	/03/2021			
A: Amount Brought Forward From Last Repor		0			
B. Total Monetary Contributions and Receipts (From Schedule I)	5 \$	0			3 2
C. Total Funds Available (Sum of Lines A and B)	\$	0			STERRIT
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			3 3
		Affidavit Sec			
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta	ere. If this is a Car	ididate report, ca	ndidate sign here.	go and ballof true, carro	ot and complete
Sworn to and subscribed before me this	circa soricacies of	i paper, is to tite	2 2 1	ge and belief true, corre	et and complete.
day of 20	• •	•	100	ンくしご	
			Signature	of Person Submitting rep	port ·
Signature	.1			Printed Name	
My Commission expires MO. DAY YR.	<u></u>	A	rea Code	Daytime Tele	ephone Number
Part II- If this is a report of a Candidate's Authorized	Committee cand	idate shall sign he	FA		
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			<i>a</i> .	o = 0	
day of20	_ '1		73	JUL!	
		Bre	Sign enton Davis	ature of Candidate	•
Signature	_	<u> </u>		Printed Name	** · · · · · · · · · · · · · · · · · ·
My Commission expires	_	81	4	969-8215	
MO. DAY YR.		A	rea Code	Daytime Telep	phone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
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		and 10 minutes on the story where the		
1.Unitemized Contributions and	Receipts-\$50.00 or Less j	er Contributor	en de sandant de la del de la del de la del	

	70 000 V HARV	- 1 m. 4 alf	
1. Unitermized 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)		7 17	L
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$	

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				
Sometimes and the	19 mag 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City	Programme construction and the second	State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
- Hart	or the first of the second of	\$1.700,000			
Full Name of Cor Committee	itributing	•		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State			
		Sidile	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing	<u> </u>		Date [MM/DD/YYYY] \$	
House #	Street Address	70.70.70.20.20.20.20.20.20.20.20.20.20.20.20.20		Date [MM/DD/YYYY] \$	
City	[2000] [2	State	Zip Code	Date [MM/DD/YYYY] S.	
Full Name of Con Committee	tributing	Missa Mase		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Full Name of Con Committee	tributing		Professional Consult	Date [MM/DD/YYYY] \$	
House #	Street Address	····		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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 identifica	tion Number:			_	
				<u> </u>	
Full Name of	Contributor				
u el				Date (MM/OD/YYY)	// S
House#	Street Address			Date (MM/DD/YYYY]
City		State Zip	Code	Date [MM/DD/YYYY	
Full Name of (Contributor				
				Date (MM//DD/AYAYA	
House #	Street Address			Date [MM/DD/YYYY	<u> </u>
City				-	
41	5	tate Zip.	Gode	Date [MM/DD/YYYY	
Full Name of C	ontributor	EV 90		Date (MM/DD/2WW)	VSI (VS2)
= 1; 0; 10; 19; 19; 19; 19; 19; 19; 19; 19; 19; 19				activa (more service)	.
House#	Street Address			Date (MM/DD/YYYY)	
City		207228			
		ate Zíp C	ode	Date MM/DD/YYYY)	\$
Full Name of Co	ontributor				
				Date (MIW/DD/AVAV)	
House #	Street Address			Date [MM/DD/YYYY]	. .
City					
	Si	ate Zip Ci	ide .	Date [MM/DD/YXYY]	&
Full Name of Co	ritributor			Date [MM/OD/YYYY)	
				Control of the Asset Control of the	
fouse#	Street Address			Date [MM/DD/YYYY]	\$
ity		**************************************	# LECTOR (1970)		
	Sta	te Zip Go	de	Date [MM/DD/YYYY]	
ull Name of Cor	ntributor	The second secon	CONTRACTOR I	Date [MM/DD/YYYY]	\$

ouse#	Street Address			Date [MM/DD/YYYY]	\$\$
ity	Sta	7. N 85 7 7 4 5 4 5 6	****		
1444.VIS	i Sta	e Zip Co		Date [MM/DD/YYYY]	Ś

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.

				
Full Name of Contributing Committee			Date [MM/DD/XXYY]	*
Höuse# Street Address			Date [MM/DD/YYYY]	
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date (MM/DD/YYY)	
Contributing Committee House # Street Address				
	The supplementary por		Date (MM/DD/1111)	
Gitey	State	Zip Code	Pate (MM/DB/AAAA)	\$
Full Name of Contributing Committee			apatai(MM/pp///YYA)	5
House # Street Address			Date (MM/DD/AYYY)	\$
City	State	.Zip Code	Date [MM/DD///////]	
Full Name of Contributing Committee	EID photocoa art norma	Essential Antispectations of	Date (MM/DD/ATV/Y)	S
House # Street Address			Date [MM/Dib//YYYY]	\$
City	State	Zip Code	Date [MM/DD/XXXX)	
Full Name of Contributing Committee			Pate (MM/DD/MMM)	
House #/ Street/Address			33.55.55.55.55.55.55.55.55.55.55.55.55.5	\$
City	State	Zip Code	Date [MIV/DD/YYYY]	
Full Name of Contributing Committee			Dates (MM/,OD//YYYY)	\$
House # Street Address	Trinibation	j	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)

Full Name of Contributor			Date [MM/DD/YYYY] \$
	:'Addréss		Date [MM/DD/AYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/AYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MiN/OD/AYAY] \$
	Address	LD WAR SEE SEE	Date [MM/DD/YYYY] \$
City Employer Name	State.	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor			Date[MM/OD/MM]
House# Street	Address		Date (MM/DD/YYYY) 5
Clity			
Employer Name	State	Zip Code.	Pate [MM/DD/YYYY] \$
Employer Mailing Address /			Occupation :
Principal Place of Business Full Name of Contributor			Date (MM/DD/MM)
House# Street	Address		Date:[MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

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.

rilei juertincation Nyn	, u. = 1	· · · · · · · · · · · · · · · · · · ·		
Full Name	·			
House #	Street Address			
City		State	Zíp Code	Date [MIVI/DD/YYYY] \$
Receipt Description				<u> </u>
Full Name	2 2			
House #	Street Address			
City City City City City City City City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1985 1885 1885 1885 1885 1885 1885 1885		
Full Name				
House:#	Street Address	State	Zip	
			Code	Date (MM/DD/XYYY) \$
Receipt Description		(Production of the Control of the Co	[94:03193449999]	
Full Name				
House # City	Street Address	State	2 (\$	Date (MM/DD/MYY) \$5
			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House #	Street Address			
City		State	Z2p	Date:[MM/DD/YYYY] \$
			Code	
Receipt Description Full Name		· · · · · · · · · · · · · · · · · · ·		
	Street Address			
City		State	Zip	Date [MM/DD/WYY] S
Receipt Description			Code	

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:			
1: UNITEMIZED IN:KIND CONTRIBUTIO	ONSAREREIVEDEVARUIERGERS	0.(010).(SELESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED	AVALUE OF \$50.01 TO \$250.	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	146.28
3. IN-KIND CONTRIBUTION RECEIVED-	VALUE OVER \$250,00 (FRON	1 PAR	$\mathbf{T}(\mathbf{G})$
TOTAL for the reporting period	(3)	\$	788.64
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	934.92

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contr	ibutor			Poate (MIN/Job/AVAVI)	%
	Brenton Davis			03/24/2021	146.28
House # 609	Street Address			Date [MM/DD/AYAY]	
	E. I	Gore Road	and the second s		
Clty. Erie		State PA	Zip Code 16509	Date [MM/pb/A777]	
Description of Cont	ribution	Business Cards			
Full Name of Contr	Butor			Date (MM/DD/AYYY) & S	
House#	Street Address			Date [MM/DD//YYY] \$	
City			Prominental Managaria (Strangers)		
		State	.Zlp.Code	Date (MM/DD/YYYY) S	
Description of Cont	ribution			3 6	
Full Name of Contri	butor			Date (MM/DD/NYAY)	
				WESTAGES HE TENED ALTOHOUS TO STAND TO STAND	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Trace Yellow 型 (2001) (2013)		12.5
VIII.Y		State	Zip Code	Date (MM/DD/XXXX) \$	
Description of Conti	ribution	335434098477-00001		169000	<u> </u>
Full Name of Contri	butor	**		Date (MM/DD)/AAM	
W. 2	The same of the sa				
House#	Street Address			Date [MM/DD/AYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
	n was a war a lan a l				
Description of Contr					-
Full Name of Contrib	sutor.			Date (MM/DD/AYYY)	
House #	Street Address			Date [MM/DD/YYYYY] \$	
	otteet Augress			Date [MM/DD/WWW] \$	
City		State	Zip Gatle	Date (MM/DD/YYYY) \$	
Description of Contri					
pessipuo, oi com					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

			the second secon	artino de la compania
Full Name of Contributor			Date [MM/DD/YYYY]	
Brenton Davis	•		05/032021	788.64
House # Street Address	C 0 - 1		Date (MM/DD/XXXX)	\$
	Gore Road			
City Erie	State Zip.C	ode 16509	Date [MM/DD/YYYY]	
Employer Name		10309		3.71
Employer Mailing Address / Principal			Occupation	
Place of Business			Oescription of 4x8 signs Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
Ciby	State Zip Co	ode	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description	
riace of publicas			of Contribution	Transfer of the S
Full Name of Contributor			Date (MM/OD/M///)	
House # Street Address			Date [MM/DD/YYYY]	
City	State Zip Co	de	Date [MM/DD/MYY]	
Employer Name				
Employer Mailing Address / Principal			Occupation	
Place of Business			Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address	***		Date [MM/DD/YYYY] \$	<u>4</u>
City	State Zip Cot	le	Date [MM/DD/YYYY] \$	S. C.
Employer Name			Occupation	71
Employer Mailing Address / Principal Place of Business			Description of Contribution	

Statement of Expenditures

Filer identification Number:	

To Whom Paid			Date [MM/DD/YYYY]	**************************************
	Friends To Elect Davis		03/02/2021	500.00
House # 525	Street Address Indiana Drive		Description: of Expenditi	ire
City Erie	State PA	Zip Code 16505	Loan	to campaign
To Whom Paid	Friends To Elect Davis	Lead a september consistency for	Date (MM/DD/MM)	
House # 525	Street/Address		03/26/2021	5000.00
City	Indiana Drive		Description of Expenditu	
Erie To Whom Pald	PA	Zip Code 16505	Loan	to campaign
10 Whom Paid			Pate (MM//bb//////	
House'#	Street Address		Description of Expenditur	e
City	State	Zip Code		
To Whom Paid			Date (MM/DD/AYYA)	
House #	Street Address		Description of Expenditure	
City.	State	Zip	to salpho to the	
To Whom Paid		Code		
en e			Date [MM/DD/mmn] s	
House#	Street Address	70	Description of Expenditure	#)
eliv	State	Zip Code		
To Whom Paid		has a year and a second	Date (MM/DD/YYYY)	
House #	Street Address		Description of Expenditure	
City	State	Z (p)		
To Whom Paid		Code	Date: IMM/DD/XXXXI	
House #	Street Address		3	
City	State	(2) (4) (4) (2) (3) (3) (3) (3) (4)	Description of Expenditure	em kretera suest valora. Postario
To Whom Paid	JANE	Zip Code		
		***************************************	Date [MM/DD/YYYY] \$	
100 Control 10	Street Address		Description of Expenditure	
Fity	State	Zip Code		
94年86年485	[海子震災病]	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.

Name of Creditor House # Street Address City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt Date Debt INCURRED Simm/DD/YYYY] Outstanding Balance of Debt Street Address Date Debt INCURRED Simm/DD/YYYYY State Zip Code Outstanding Balance of Debt Outstanding Balance of Debt City State Zip Code Code Description of Debt Outstanding Balance of Debt Outstanding Balance of Debt City State Zip Code Outstanding Balance of Debt Outstanding Balance of Debt Outstanding Balance of Debt Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt	riter identification in Jimper	ron:Number;		
House # Street Address DATE DEBT INCURRED IMM/DD/YYYY] State Zip Code	Name of Greditor	ditor		Outstanding Balance of Debt
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [IMM/DD/YYYM] Gity State Zip Code Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [IMM/DD/YYYM] City State Zip Code Description of Debt City State Zip Code Description of Debt				
Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYY] City State Zip Code Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Outstanding Balance of Debt City State Zip Code DATE DEBT INCURRED [MM/DD/YYYY]		201		
Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt Date DEBT INCURRED [MM/DD/YYYY] Code Code Outstanding Balance of Debt Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt				i i
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 [MM/DD/YYYY] City State Zip Code Description of Debt				
City State Zip Code Code Description of Debt Name of Creditor Gutstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt				
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YVYY] City State Zip Code Description of Debt	House:# Stree	Street Address	TOP A DATE OF A CONTROL OF THE PROPERTY OF THE	# \$
Name of Creditor Code Description of Debt	City	State		
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt	Description of Debt	f Debt	20 Partines Constitution	· 经产品
[MM/DD/YYYY] City State Zip Code Description of Debt	Name of Creditor	litor		Outstanding Balance of Debt
Description of Debt Code	House # Stree	Street Address	The state of the s	•
Description of Debt Code	City	State	Zip (%)	
Name of Creditor Outstanding Balance of Debt		f Debt		
	Name of Creditor	litor.		Outstanding Balance of Debt
House # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	House # Stree	Street Address	\$1,000,000,000,000,000,000,000,000,000,0	\$
City State Zip	City	State		
Description of Debt	a transfer of the			
Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED 5			NAT-SERVING PRED	
[MM/DD/YYYY]	August II	STREET AUGTESS		
City State Zip Gode	City	State		
Description of Debt	Description of Debt	Poebt	等	3505E
Name of Greditor Outstanding Balance of Debt		iter		
House # Street Address DATE DEBT (NCURRED S) [MM/DD/YYYY]	House # Stree	Street Address	For the second of the control of the	
Clty State Zip	City	State	Zíp	
Description of Debt	Description of Debt	F Debt/	Code	



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

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| 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/2 | 11/

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 <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, Candidate, or	Labbyist	
Reporting Cycle Nam	er over energy		
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary	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

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