

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed By Candida		te T	Committee	Lobbyist				
Number Name of Filing Committee, Candidate or	(Mark X)								
Lobbyist	Friends To Elect D	Davis							
Street Address	525 Indiana Drive	100 000 000 0000		Market State Company State Company					
Clty Erie		State	PA	Zip Code 16505					
Type of Report (Place x under report type)									
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	TO A SECTION OF SECURITION OF THE PARTY OF THE PARTY.	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual Special 2 Pre-Elect	「日本の 10 10 10 10 10 10 10 1				
Date Of Election (MM/DD/YYYY) 11/2/2021	Year	2021	Amendment Report	Terminal Report	tion				
Summary of Receipts and From Date	To Date		ang at the second of	For Office Use	Only				
Expenditures 5/3/2021	6/	7/2021							
A. Amount Brought Forward From Last Repor	\$ 13	3718.90		The state of the s					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 9	950.00			S 22				
C. Total Funds Available (Sum of Lines A and B)	\$ 14	1668.90							
D. Total Expenditures (From Schedule III)	794647 11. 40 20 40	\$ 4.95							
E. Ending Cash Balance (Subtract Line D from Line C)		14663.95							
F. Value of In-Kind Contributions Received (From Schedule II)	i kata	178.08	<u>≅</u> ≺ ऴ						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 7	700.00 Affidavit Sec	<u></u> 23						
Part 1- If this is a Committee report, treasurer sign h		didate report, ca	ndidate sign here.						
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ched schedules on	paper, is to the b	est of my knowled	ge and belief true, correct a	and complete.				
day of 20			Lobin	mallean	d				
		Rol	Signature o	f Person Submitting report					
Signature	- <u>.</u>			Printed Name					
My Commission expires	_		814 720-2236						
MO. DAY YR.			rea Code	Daytime Teleph	one Number				
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge				provisions of the Act of Ju	ne 3, 1937 (P.L. 1333, NO.320) as				
amended.					•				
Sworn to and subscribed before me this day of 20	• •		1	XX					
day of20	Bro	Sign:	ature of Candidate						
Signature		pie		Printed Name					
My Commission expires MO. DAY YR.	-	814 Ai	rea Code	969-8215 Daytime Telepho	ne Number				

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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 • rasketampaignfinance@pa.gov

2021 JUH -8 AM 10: 23

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 Comm	nittee, Candidate, or	Lobbyist	
Reporting Cycle Nam	ie		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday 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

Mallard

Printed Name



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ENIE COUNTY VOTER REGISTRATION

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



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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	rij kiji		
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	5 N		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	250.00
Total for the reporting period	(2)	\$	250.00
3. Contributions Over \$250.00 (From Part C and Part D)	21 A	J. W.	
Contributions Received from Political Committees (Part C)	GW NEW WORLD	\$	
All Other Contributions (Part D)		\$	700.00
Total for the reporting period	(3)	\$	700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		40 ya	
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 Cover Page, Item B)	port	\$	950.00

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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	r vumber »		,		
					Amount
Full Name of Co	ntributing		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	S Salan A Salan A				
Clar.		State	The state of the s		97. VO
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
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House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	"\$
Full Name of Co	ntributing	actives/ cdf*,		Date [MM/DD/YYYY]	\$
Committee					
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House #	Street Address			Date [MM/DD/YYYY]	\$
City	Lat Latinia Allianda Allianda	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					SUALY Common Service
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	AFTE AFTE SECRETARIO				
committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$** \$**
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Committee	A Section 1				
House #	Street Address	· · · · ·		Date [MM/DD/YYYY]	\$
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City		State	Zip Code	Date [MM/DD/YYYY]	\$

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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.)

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Full Name of Contributor				
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House:# Street Address	less Ave		Date [MM/DD/YYYY] S	
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Cify Erie	State PA	Zip Code 16507	Date [MM/DD/****]	
Full Name of Contributor			Date [MM/DD//YYV]	
Nicole D. Sloa	ne		5/13/2021	100.00
House # Street Address	loute 6	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City.	State PA	Zip Code 16407	Date [MM/DD/YYYYY] \$	
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House # Street Address			Date [MM/DD/YYYY] 5	
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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] \$	
Full-Name of Contributor			Date [MM/OD/XYYY] \$	
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City	State	Zip Code	Date [MM/DD/YYYY] \$	

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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			:Date [MM/DD/YYYY]5.	
Contributing Committee				
House # Street Addre)SS		Date [MM/DD/YYYY] 5	
City (State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Häuse # Street Addre			Date [MM/DD/YYYY] \$	··· · · · · · · · · · · · · · · · · ·
City	State	Zip Gode	Date [IMM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/WW] \$	· · · · · · · · · · · · · · · · · · ·
House # Street Addre			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/OD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Addre	**		Date [MM/DD/YYYY] \$.	
City	State	Zip Code	Date (MM/00/MAX)	
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	
House # Street Addre			Date (MM/DD/XYYY) \$	
Chy.	State	Zip Code	Date [MM/DD/YYYY] \$	

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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:

Full Name of Contributor			Date [MM/DD/YYYY] \$	·
	Brenton Davis		170,000	700.00
	et Address		Date [MM/DD/YYYY] \$	
609	E. Gore Road			
City . Erie	State PA	Zip Code 16509	Date (MM/DD/YYYY) \$	
Employer Name	ii / 2 / 3		Occupation	
Employer Mailing Address Principal Place of Business			E E E E E E E E E E E E E E E E E E E	, , , , , , , , , , , , , , , , , , , ,
Full Name of Contributor			apates (MM//DD/Asasy)	
House# Stre	et Address		Date [MM/DD/YYYY] S	
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Employer Name			Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date (MM/OD/YYYY) 5	
House # Stre	et:Address		Date [MM/DD/YYYY] \$	
Clty	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Establishment (Mark Control)	Occupation	
Employer Mailing Address Principal Place of Business			Fitting descriptions and provide and provi	MI-1
Füll Name of Contributor			Date MM/DD/MYYY	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$, , , , , , , , , , , , , , , , , , ,
Employer Name	[100333335]	Towastic telephysics (districted)	Occupation	
Employer Mailing Address / Principal Place of Business			1999 Professor (State Confessor	

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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 # Stre City	eet Address State	(3ip	Date [MM/DD/YYYY] \$
Receipt Description		Code	
Full Name			
House # Stre	eet Address State	26	Date [MM/DD/YYYY] \$
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House # Stre	set Address State	20	Date [MM/ØD/YYYY] \$
Receipt Description		Code	
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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 contributions received value of	APIGEOVEOVO	NO LECK DER CONTRIBILITION
TOTAL for the reporting period (1)	\$	
2; IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO S	\$250,00 (5)	(OMPARTE)
TOTAL for the reporting period (2)	Š	178.08
3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250:00 ()	FROM PAR	T(G)
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also en on Page 1, Report Cover Page, Item F)	nter	178.08

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer ide	entification Num	ber:									
Marie California	was a substitution of the	- Anna Antagy						The Control of Budging of	and the second s		
Full Nai	me of Contribu		Brenton Davis						/IM/DD/YYY /17/2021	<u>¥]</u>	178.08
House #	609	Stree	et Address E. G	iore Road				Date (N	AMY/DD/ANAY	(Y) \$	
City	Erie			State	PA	Zip Code	16509	Date (N	AM/DB/YYY	M) \$	
Descrip	ition of Contrib	outior	1	Handout	ts		81 20				
Full Nar	me of Contribu	itor	504.500					Parefit	(M/Jeleyayay	<u>(Y)</u> 5	
House t		Stree	et Address					Date IV	MM/OD/YYY	Y] \$	
City	<u>281</u>		· ·	State		Zip Code		Date [N	IM/DD/YYY	Y] \$	
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Full Nar	me of Contribu	itor				-		Date [[V	IM/OD/YYY	Y] \$	
House #		Stree	et/Address					Date [M	IM/(00/)/\/\/	YJ \$	
Clty	20	PER MATERIAL PROPERTY.		State		Zip Code		Date (M	IM/ODVXXXX	Y] \$	
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House #		Stree	t Address					(Date (M	M/DD/XYY	Y] 5	
City		The transfer of the transfer o	Marine to proceed the second	State		Zip Code		Date [M	IM/DD/XXXX	Y] S	
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	ne of Contribu								M/DD/AYYA		
House #		Stree	et Address					Date (M	M/DD/YYYY	n s	
City		36d-st ps	(2000) 200 (2000) 2000 (2000)	State		Zip Code		Date [M	M/DD/MM	/J S	
Descript	tion of Contrib	ution								- Alleria	

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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		VALUE UVER \$250		
Filer identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street /	Address		Date [MM/DD/YYYY]	
Gity	State	Zip Code	Date [MM/DD/XYYY] S	
Employer Name			Occupation	
Employer Mailing Address / Pi Place of Business	rincipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	däress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code /	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] '\$	
Employer Name			Occupation	
Employer Mailing Address / Pr Place of Business	incipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Ar	And the second		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date:[MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Pri Place of Business	incipal (1)		Description of Contribution	

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$(x_1, y_2, \dots, y_n) \in \mathbb{R}^n \times \mathbb{R}^n $	that is the property of the x - x	and the state of t	
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Statement of Expenditures

Filer Identification Number:	

To Whom Paid	PayPal			Date [MM/DD/YYYY]	\$	
(t) = (12.70)				5/19/2021		4.95
House # 2211	Street Address	orth First Street		Description of Expendi	ture	
City San Jose		State: CA	Zip Code 95131	Fees		
To Whom Pald				Date [MM/DD/YYYY]	5	
House #	Street Address			Description of Expendit	ure	
City		State	Zio			
			Code			
To Whom Pald				Date (MM//DD/AAAA)	\$	
House#	Street Address			Description of Expendit	ure	
City		State	Zip Code	100000000000000000000000000000000000000		2000 100 100 100 100 100 100 100 100 100
To Whom Paid				Date [MM/DD/XXXX]	\$	
House #	Street Address		**************************************	Description of Expendit	ure	
Gity		State	Zíp Code			Activities and the second s
To Whom Paid				Date [MM/DD/(\%\\)]	\$	
House #	Street Address			Description of Expendit	ure	
City		State	Zip Code			
To Whom Paid				Date (MM/OD/AVA)	\$	
House #	Street Address			Description of Expendite	ure	All and
dity		State	Zip Code			
To Whom Paid				Date (MM/DD/YYYY)	\$	
House#	Street Address			Description of Expenditi	ire	
City		State	Zip Code			
To Whom Paid				Date (MM/DD/YYXY)	\$	
House #	Street Address			Description of Expenditu	ire	
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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 iden	tification Number:							
Name of	Creditor	Brenton Da	ris				18	Outstanding Balance of Debt
House#	Stre 609	et Address	E. Gore Road	. "	Lance of the state	E DEBT INCURRED MM/DD/MY/VI	D	
City		Erie		State	PA	Zip Code 16509		700.00
	on of Debt	Loan						
Name of House#		et Address		7.5		E DEBT INCURRED MM/DD/YYYY)	l l	Outstanding Balance of Debt
City				State		Zip Code		
IB:	on of Debt			(Section Constitution of		[2782] 2262] [2782]	198	CASI
Name of House#		et Address			DAT	E DEBTENGURRED		Outstanding Balance of Debt
City				State	200	VIM/DD/XYYX]		
	on of Debt			State		Zip Code		
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House #	Stre	et Address				EDEBT/INGURRED VIM/OD//YYYY]		•
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Name of 0	reditor						187	Dutstanding Balance of Debt
House#	Street Street	et Address				DEBT INCURRED		
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