

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number Name of Filing Committee, Ca		Repo	t Filed k X)	Ву	Candida	ite	X	Comm	ittee			Lobby	yist
Lobbyist	ndidate or	Brento	n Davis										
Street Address		609 E. (Gore Roa	nd									
City Erie					State	PA		Zip Coc	de	16509			
Type of Report (Place x under i	eport type)								•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary		4- 6 th T Pre- Eld		(Lab 57/1983)	Friday Election	6-30 Electi	Day Post on	7-Ann	ual	Special Pre-Elec	2 ^{no} Friday ction		al 30 Day Election
							T				7	Γ	
Date Of Election (MM/DD/YYYY)	11/2/2021	Year		2	021	Amer Repo	dment t		J l	Termina Report	ition	<u> </u>	
Summary of Receipts and	From Date		To Date	i Section is	OSE SON				ForC	Office Use	Only	N STROCKER	
Expenditures	5/3/2021	<u></u>	i jakora	7/202	1				ente More	Ance Ost			60 (Bing J). 43 5 (Bing J)
A. Amount Brought Forward F	om Last Report	\$		0		** (A () ()	<u> </u>		60.00				
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$		0							er di Er ger weren	f=0 (=0 (=0	
C. Total Funds Available (Sum of Lines A and B)	and the property of the second	\$		0									
D. Total Expenditures (From Schedule III)		\$		700.00	٠,								
E. Ending Cash Balance (Subtract Line D from Line C)	e diamental	\$	0										
F. Value of In-Kind Contribution (From Schedule II)		\$	178.08										
G. Unpaid Debts and Obligation (From Schedule IV)	ns.	\$		0							A P	دن	
Dort 1 (Eship to Commission		16.18.1			fidavit Sec								
Part 1- If this is a Committee report I swear (or affirm) that this report, i	, treasurer sign ne ncluding the attac	hed sche	dules or	i cicate 1 paper,	report, ca	ndidate sest of n	sign nere. Ty knowled	ge and bel	ief tru	e. correct	and complet	e.	· · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed before me)	•	•		
day of	20		. 1				2	XX					
			<u> </u> _		Bre	enton Da		of Person S	Submit	ting repor	t		
Signature		•						Printed	Name				
My Commission expires		_	•		814	4		!	969-82	215			
MO.	DAY YR.				A	rea Code	!		Dayti	me Telepi	none Numbe	r	
Part II- If this is a report of a Candid I swear (or affirm) that to the best of	ate's Authorized C	ommitte	ee, candi this poli	date sh	all sign he mmittee h	re. as not v	olated any	provisions	s of the	e Act of lu	ne 3. 1937 (f	P.L. 1333	NO 320) as
amended.			•								, ,		,,
Sworn to and subscribed before me	this								•				
day of	20						Sign	ature of Ca	andida	te			
Signature					<u></u>			Printed Na	me		·	_	
My Commission expiresMO.	DAY YR.	•			Δr	ea Code		-	Daytim	re Telanho	one 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 • ra-stcampaignfinance@pa.gov

2021 JUN - 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.

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

Printed Name



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ERM COUNTY ZOTER REGISTS ATION

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. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		1867 E. 2011 E.	
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	ensker Miller en		
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)	POST LINES MAN TO S.	\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		r te partir de la companya de la co
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boyes 1, 2, 3 and 4; also enter this amount on Page 1, 86		\$	<u> </u>

Cover Page, Item B)

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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.

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Control of the contro	S. A. A			Amount	
Full Name of Co	Intributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
nouse n	JILEEL MANIES			Dara Tunal Solver 11 3	
City	Property of the Control of the Contr	State	Zip Code	Date [MM/DD/YYYY] \$	
		17:13:4			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	1868 764	\$5040\$00Q+6504	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
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Committee	Rusums			Date Data Date 1	
House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
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House#	Street Address			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.)

Full Name of Contributor	··· ; ·· ;		Date [MM/DD/YYYY] \$	· ·
House # Street Addr	ess		Date [MM/DD/XYYY] \$	·
.crty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addr	ess	,	Date [MM/DD/YYYY] \$	
Gity .	State.	Zip Code	Date [MM/DD/YYYY] \$	<u>.,.</u>
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addr	ess	 	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street Addr	ess	··· · · · · · · · · · · · · · · · · ·	Date [MM/DD/XXYY] \$	
Glty. "	State	Zip Code	Date (MM/DD/YYYY) \$	
Füll Name of Contributor			Data (MM/JDD/AYAYA) (S)	
House# Street Addr			Date [MM/0D/YYYY] \$	
City.	State	Zip Code	Date (MM/DD/MYM)	
Full Name of Contributor			Date [MM/DD/XYYY] \$	
House # Street Addre			Date (MM/Db/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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		activities of the second				\$ ₁ .
		* 1				

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/XXXX) \$	
House # Street Addre	iss	***************************************	Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of			Date (MM//DD//YXX) \$	
Contributing Committee House # Street Addre	55		Date [MM/DD/YYYY] \$	
Сну	State	Zip Code	Date (MIM/DD/YYYY) \$	
Full Name of			Date [MM/DD/YYYY] \$	···
Contributing Committee House # Street Addre	SS		Date [MIN/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date (MM//DD//YYYY)	
House # Street Addre	35		Date [MM/DD/YYYY] \$	
City ©	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributing Committee			Date [MM/DB/YYYY] 555	
House # / Street Addre	5		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Pate [MM/DD/YYYY] \$	
House #. Street Addre			Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	

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 $(x_1, \dots, x_{k+1}, x_{k+1}, \dots, x_{k+1}, \dots$ $\label{eq:continuous_problem} \begin{array}{cccc} \mathcal{C}(\mathbf{v}) & & & & & & \\ \mathcal{C}(\mathbf{v}) & & & & & & \\ \mathcal{C}(\mathbf{v}) & & \\ \mathcal{C}(\mathbf{v}$

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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] \$	- ' - ,
House # Street Ar	ddress		Date [MM/DD/YYYY] \$	
City	State	· Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /		Ly Magazini (2007) (September 2007) (September 2007)	Occupation /	
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY) \$	
House:# Street Ac	ldress		Date (MM/DD/YYYY) \$	
City:	State	"Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date (MM/DD/MAX)	
	Ø355 1012200 F			
House# Street Ad			Date [MM/DD/YYYY] \$	
City Employer Name	State	.Zip Code	Date [MM/DD/YYYY] \$ Occupation	
Employer Mailing Address / Principal Place of Business			Coccepanion	
Full Name of Contributor	55(55(55)-56)		Date (MM/DD/YYYY) \$	
House# Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip:Code	Date [MM/DD/YYYY] \$7	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

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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 Num	iber:			
Full Name				
House #	Stre	et/Addréss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Stre	et: Address		
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Füll Name		22.276.180		
House:# City	Stre	et Address State		
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Receipt Description				
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Receipt Description	ř		The state of the s	1297781
Full Name House #	12.			
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Receipt Description				
Full Name House#				
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SCHEDULE !

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 RI	ECEIVED-VALUE OF \$50.00) ()	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$		
2. IN-KIND CONTRIBUTIONS RECEIVED-VALU	VE:OF \$50:01 TO \$250:00 ((FR	GM PART (F)
TOTAL for the reporting period (2)	\$	Alization	178.08
3. IN-KIND CONTRIBUTION RECEIVED VALUE	EOVER 2220 NO (FROM NA	AKI	
TOTAL for the reporting period (3)	\$:	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING PERIOD (Add and enter amount totals from boxes 1 on Page 1, Report Cover Page, Item F)	1 -		178.08

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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 Na	ne of Contribu	Brenton Dav	is		2	Date [MM/DD/NYYY] 5/17/2021	5	178.08
House !	609	Street Address	E. Gore Road			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
City	Erie		State PA	Zip Code 16509	8	Date [MM/DD/XYYY]	Š	
Descrip	tion of Contrib	ution	Handouts	Especial Control of the Control of t	l.		320031	
Full Nar	ne of Contribu	tor				Date [MM/JDD/M/M/)	\$	· · · · · · · · · · · · · · · · · · ·
House #		Street Address				Date [MM/DD/YYY]	\$	
City	21	The state of the s	State	Zip Code		Date [MM/DD/MYYY]	Š	
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House#		Street Address				20	\$	
City	ion of Contribi		State	Zip Code		Date [MM/DD/YYYY]	S	
DE301101		4001						
Full Nan	ie of Contribut	or				Date [MM/OD/YYYY]	\$	
House #		Street Address			312		\$	
City			State	Zip Code			\$	
Descript	ion of Contribi	ation						

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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
MANAGE TO BE THE WARM ON THE WORKSON THE PROPERTY OF THE WARM		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] 5
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/OD/YYYY) 5
Employer Name	Ar an	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 Gode	Date [MM/DD/YYYY] \$
Employer Name:		Occupation
Employer Mailing Address / Principal Place of Business		Description control of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 5
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/Db/YYYY] S
Employer Name		*Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

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	t Total				8. July

SCHEDULE III Statement of Expenditures

Filer Identification Number:	· · · · · ·	 	

To Whom Paid Brenton Davis			Date [MM/DD/YYYY) \$
			5/10/2021 700.00
	Gore Road	FULL CONTROL OF THE PROPERTY	Description of Expenditure
City Erie	State PA	Zip Code 16509	Loan
To Whom Paid			Date (MM/DD/YYYY)
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/XYYY] \$
House # Street Address	Inches (No. 1)		Description of Expenditure
City	State	Zip Code	
To Whom Pald			Date [MM/DD/XYM] \$
House # Street Address			Description of Expenditure
City	State	Zîp. Code	
To Whom Paid			Date (MM/DD/XXXVI) \$
House:# Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/WWY] \$
House:# Street:Address			Description of Expenditure
<u>City</u>	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
Gity	State	Zip Code	

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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 Identification Number:

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	\$
Description of Debt			1
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State Zip. Code	
Name of Creditor			Outstanding Balance of Debt
House#	Street: Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip	* 5
Description of Debt		Code	
Name of Creditor House #	Street Address	NATE NO POLITICA DO LA CALIDADA DE CALIDAD	Outstanding Balance of Debt
i de la companya da series de la companya da series de la companya del la companya de la company	street Audress	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City: Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	[\$.
City Description of Debt		State Zip Code	

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