

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification	Report Filed I	By Candida	te \	Committee		Lobbyist	
Number	(Mark X)			and straight for the first terms.		17.7	
Name of Filing Committee, Candidate or Lobbyist	Brenton Davis						
Street Address	609 East Gore R	oad					
City Erie		State	РА	Zip Code	16509		
Type of Report (Place x under report type)	•	,					
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	ost 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	
			\square				
Date Of Election 11/02/2021	Year	2021	Amendment		Termination		
		2021	Report		Report		
Summary of Receipts and From Date Expenditures	7 To Dat	e		For C	Office Use Only		
10/19/20	21 11	1/22/2021				r di	
A. Amount Brought Forward From Last Rep	ort \$			A Company of the Comp		Fred B	
B. Total Monetary Contributions and Recei	pts \$: 1.		
(From Schedule I) C. Total Funds Available							
(Sum of Lines A and B)	\$					- sale	
D. Total Expenditures	\$	10,000.00					
(From Schedule III) E. Ending Cash Balance	\$					1.3	
(Subtract Line D from Line C)	2 (5.40)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	C.	
F. Value of in-Kind Contributions Received (From Schedule II)	\$						
G. Unpaid Debts and Obligations	\$						
(From Schedule IV)		4661 100					
Part 1- If this is a Committee report, treasurer sig	n here. If this is a Ca	Affidavit Sec ndidate report, ca					
I swear (or affirm) that this report, including the a				ge and belief tro	ue, correct and comple	ete.	
Sworn to and subscribed before me this			135	74()	*		
day of20	— 1	*****	Signature	of Person Submi	itting report		
	_ ト	Bro	enton Davis				
Signature	, 1		_	Printed Name			
My Commission expires MO. DAY	 YR.	81	rea Code	969-1	3215 time Telephone Numb		
WIO. DAY			irea code	Day	unte reteptione wantb	er	
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							
Signature of Candidate							
Signature	Signature Printed Name						
My Commission expires							
MO. DAY YR.		A	irea Code	Dayti	me Telephone Numbe	r	



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

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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. This form must be signed by hand where a signature is required.

		didate, or Lobbyi			
Cycle 1 6th Tuesday Pre-Primary	Name Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th Tu	ycle 4 lesday lection	Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7	☐ Cycle 8 2 nd Friday Pre-Special Election			cle 9 ost-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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist Date

///29/202/ Date (DD/MM/YYYY)

Brenton D. Daris

Location (City/State/Country)

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	TER VI	er er	
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 (Add and		<u> </u>	

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

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	າ Number				
					Amount
Full Name of Co Committee	ntributing:			Date [MM/DD/YYYY] \$	
House #	Street Address			Date (MM/DD/YYYY) S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co Committee				Date [MM/DD/WYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The second control of the second seco	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Notes a proportion and the second	State	Zip Code	Date (MM/DD/YYYY) S	******
Full Name of Col Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	The service was to a	10.213 co. v.25 - keeper	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Col Committee	ntributing			Date [MIV/DD/YYYY] \$	
House#	Street Address			Date (MM/DD/YYYY) S	
City	Type grant and the second	State	_Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	N. English Control	Policipa Co. Caracter Strategy Co. Caracter	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/YXXY)	
House # Street Address			Date:[MM//DD/XYXX]	
City	State	Zip Code		orace
Full Name of Contributor				
House,# Street Address			Date (MW/DD/\\\\\)	
/ dit/	State	Zip Coté.		
Full Name of Contributor			Pare (MM//DD/ANN)	
Höuse'# Street Address			Date [MM/Job/AYYY/]	
City	State	Zip Code	Date [MM/DD/XYXX]	
Full Name of Contributor			(Pate (MIN/DD/AAAA)	
House# Street Address			Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MIN/JDb/AAAA)	
Füll Name of Contributor				
House # Street Address			Date (MM/DD/S666)	
Gley	State	Zip Code	Daxe/MM/Jod/AAAA	
Full Name of Contributor			Date (MM/OD/XXXX)	
House # Street Address	1205 September 1500 (150)	Here yana Yanin yana kuta	Date (MM/DD/8000)	
City.	State	Z[p:Code	Poate (MM//DD)/(4/)(4)	

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.

rice (destilication) duringer.				
Füll Name of			Date (VIM/Jop/ANYN)	
Contributing Committee House # Street Address			Date (MM//DD/XYXX)	
Gity.	State	Zip Code	Date [MM/DD/XXXX]	
Füll Name of Contributing Committee .			*EPatea (MIM//DE/A/A/A/I) ** (4	
House # Street Address			Date (MM/,DB/,Y/,Y/)	
City	State	Zip Code	Meate((MM/DD/MMM)	
Full Name of Contributing Committee			Pate(MM/00/APAN)	
House # . Street Address	, ,		Date (MM/JOD/MWW)	
GRY	State	Zip Code	Date (MM/JDD////////	
Full Name of Contributing Committee			Date (MM/DD/AYYY)	
House# Street Address			Date (MM/DD/YAYA)	
City	State	Zip:Gode	ADATE (MM/DD/ANA/A)	
Full Name of Contributing Committee			ADERE (MIMADEVAYAAL)	
House # Street Address City			Date [MM/Db/ANYN]	
City,	State.	Zip Code	Date (MIM/OD/AYYY)	
Full:Name of Contributing Committee			(Date:(MM/DD/AMW)	
Höuse # Street Address			Date (MM/DD/MYM)	
· city/	State	Zip Gode	Date (MM/.00/./\f\\)	

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)

Fler/Identification Number:

	· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Date:(IVIM/DD/XXXX)
House # Street Address			Date (MM/DD/YYYY) \$
Clty.	State	Zip Code.	Date [MM/DD/MYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/OD/AYXY] \$
Flouse # Street Address			Date (MM/DD/YYYY) \$
Gity,	State	Zip Code/	Date (MM/DD/MYYY), \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			(Date)[MM/BD/YYYY]
House# Street Address	n Asiasa carin		Date (MM/DD/MYM) \$
Colty,	State	Zip Code	Date [MM/DD//YYYY] 55
Employer Name			Occupation
Employer Mäiling Address // Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) 5
House# Street Address			Date (MM/DD/XXXX) \$
City	State .	Zip Gode	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 Numbers				
Fille Vlande	*			
to you are all the street whether the	reet Address			
City		(Sinte	(2)p	Date (MM/DD)/YYY/
			Code	Date (MM/DD/YYY)
Receipt Description		Popularia Japanesia Amerika	t in principle of the control of the	A Province of the Contract of
FulliName				
House # St	reet Address			
City	71	State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description (/				
Foll Name				
House# St	reet Address			
Gity State of the		State	Zip	Pare (MM/PP/AWY)
			Code	
Receipt Description		142000000000000000000000000000000000000	Telephological Control	BB 全部4
Fulli Name				
House#	reet Address			
Gliy		State	Zlp Code	Date [MW/DD/WWW]
Receipt Description				
Full Name			· · · · · · · · · · · · · · · · · · ·	
	reet/Address			
(altv)		State	2 0	Date (MM/DD/YYYM) \$
			Code	
Receipt Description			大学院 (4) 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1/29924
Full Name				
House#	reet 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:				
1 UNITEMIZEDINEKIND CONTRI	HEETENIOO FARIVENAAN		ANI/DIGITION	
	2010/01/20			
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO:5250:00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
TANKSCHITTY OF TENAT TILANGO SO THE TANKS OF	NEW COMPANY THE FUNCTION AT LAW MARK FOR A MALE			
3 IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 7		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	ber:				
Full Name of Contrib	utor			PETERIMIN/IDDYAANAA	S
House#	Street Address			Date (MM/DD/AVAVI)	
CITY.	Sheera walking and the state of	State	Zip Code	Pare (MM/DD/AAA)	. .
Description of Contri	outon				
Full Name of Contrib				Adato (Vilyadeyaababk	
House #	Street Address				
City	Water and the control of the control	State /	Zip Code	Date (MIM/DD//1/1/)	\$
Description of Contri	Button				
Full:Name:of:Contribi	ro);			<u>Albabaakeennnin</u> ientees	\$
House #	Street Address	I AVE - OLIVINA DISCALL		Date (MM/DD/MAA)	\$;
City/ Description of Contri	aution	State	- Zip Code	Date (MM/DD/AMAA)	
Full Name of Contrib	7				Š
House #	Street Address		Form constant of the constant of	Date [MM/DD/AXXV]	
City. Description of Contri	aution	State	Zip:Code	Date [MM/DD/XXXI]	
Full Name of Contrib				Date (MM/DD/AAAA)	
House #	Street Address	Tyres Zayres (respective)	Galeryan Millerterin activation to	Date [MM/DD/XXXX]	
City Description of Contril		State	Zip Code -	Date (MM/CD/AYY)	
Jean Akon Or Contro					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer (dentification Number			
Full Name of Contributor			Date (MM/DD/YYYY) \$
House if Street Address			Date (MM/OD/MAYM) \$
City	State	Zip Code	Date (MM/DD/YYYY)
Employer Name Employer Malling Address / Principal		Tax of the state o	Occupation Pescription
Place of Butiness			of Contribution
Full Name of Contributor			*Date(MM/DD/AYAA)
House # Street Address			Date (MM/DD/2007)
City	State	Zip Code	Date [MM/DD///YY] \$
Employer Name			Occupation
Employer Mailing Address://Principal Place of Business			Description of Contribution
Full Name of Contributor			Date MM/DD/24YYA \$/
House'# Street Address			Date (MM/DD/WWY)
Gity	State	Zip Code	Date [MM/DD/MYY) \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date (MM/00/AWY)
House# Street Address			Date [MM/DD/WWY] 5
Gity .	State	. Zip.Code	Date [MM/DD/YYYY]
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

Filer identification Number:		

To:Whom:Paid Friends To Elect Davis				Date [MM/DD//YYYY] \$
100				10/27/2021
House # 525	Street Address	Indiana Dr		Description of Expenditure
City Erie		State PA	Zip Code 16505	Loan
To Whom Pald				Date (MM/OD/AYAY) S
House #	Street Address			Description of Expenditure
Clisy	N N	State	Zip Code	
76 Whom Pald	·	(Winderstrans 1974)	Nemous accommodation of	pate (MM//DD///\\\)
House #	Street Address			Description of Expenditure
City		State	Zip Códe	
To Whom Paid			(Co. What is browning about	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paig		Description Associated (A)) become one function of the	Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
Gity	Dec designation of surface and	State	Zip Code	
To Whom Raid				Dates (MM/DD/A4444)
House#	Street Address			Description of Expenditure
City		State	Zĺp Code	
To Whom Paid				pate/[MIM/DD/AXXVI] 5
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				*Date(MM/DD/MAM) // \$
House #	Street Address			Description of Expenditure
City	2,2,3,2,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	State	Zip Code	(TA) (TA) (TA) (TA) (TA) (TA) (TA) (TA)

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 Graditor.			Outstanding Balance of Debit
House# Stree	et Address	DATE DEBT INCURRED [MM/DD/XYYY]	•
Gitý-	State	⊄ip €ofê	
Description of Debt		1990-Per Operator 1985	[8(as)w()
Name of Creditor House # Street	et-Address	DATE DEBT INCURRED	Outstanding Balance of Debt SS
		(IMIM/DE/ANKY)	
Gity Description of Debt	State	Zip. Code	
Name of Creditor			
	st-Address	DATE DEBT-INCURRED	Outstanding Balance of Debt.
	No. processor and	[MM/DD/XYXX]	
City Description of Debt	State	Zip Code	
Name of Greditor			Outstanding Balance of Debt
House # Stree	rt Address	DATE DEBT: INGURRED [MM/DD/AYYY]	
City	State	Zip Code:	
Description of Debt	[DATASET CHESSES]	1990/2009/2009/00/00/01	192270119
Name of Craditor	- Address	DATE DEBT INCURRED	Outstanding Balance of Debt.
		[MM/DD/YYYY]	
City Description of Debt	State	Zip Code	
Name of Greditor			
	t Address	DATE DEBT INCURRED	Outstanding Balance of Debt. \$
City		[MM/DD/YYYY]	
Description of Debt	Sate	Zip. 16 Code	