CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED CANDO	DATE L. COMMITTEE 2. L	OBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST				
STREET ADDRESS	D. DAVIS			
609 8	GORE RD			
CITY		STATE	ZIP CODE	
ERIE		PA	16509 -	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PART	MO. DAY	YEAR
6TH TUESDAY PRE-PRIMARY	County Executive		ep. 05 20 FOR OFFICE US	E ONLY
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING 1 31 2 TO	5 5 25		
30 day Post-Primary	CASH BALANCE AT END			າຄາ
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$	OTER R	
2nd FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$			
30 DAY POST-ELECTION	AMENDMENT YES	NO X	.	•
ANNUAL REPORT	TERMINATION YES	NO X	2 5) .
	AFFID	AVIT SECTION		
PART I - If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u> , the Treasurer must sign here. If statement is filed on behalf of a <u>Candidate</u> , the Candidate must sign here. If statement is filed on behalf of a <u>Contributing Lobbyist</u> , the Lobbyist must sign here.				
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF ILABIE IS INCORRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, THE BEST OF Y KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.				
SWORN TO AND SUBSCRIBED BEFORE ME THIS Ommission Ommission SIGNATURE OF PERSON SUBMITTING REPORT				
atture Thank Sign Brinton D. DAVI				
MY COMMISSION EXPIRES 12-20-20 28 20 20 20 20 20 20 20 20 20 20 20 20 20				
	9 z	e ay	:	<u> </u>
	n behalf of a <u>Candidate's Authorize</u>	20 0		
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELLE THIS COLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.				
SWORN TO AND SU	BSCRIBED BEFORE ME THIS	SIGN	IATURE OF CANDIDATE	
,DAY OF _	20		TO THE CONTRACT OF THE CONTRACT OF THE	
		· · · · · · · · · · · · · · · · · · ·	PRINTED NAME	
SIGNATURE MY COMMISSION EXPIRES ADEA CODE DAYTME TELEVIOLE NUMBER				
Commodicit CA	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER	