

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Brenton Davis			
Street Address	609 East Gore Rod			
City	Erie	State	PA	Zip Code 16509

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/2/2021	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/24	12/31/24	
A. Amount Brought Forward From Last Report	\$	3185.66	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	3185.66	
D. Total Expenditures (From Schedule III)	\$	6.95	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3179.14	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

2025 JAN 28 AM 11:52  
ERIE COUNTY  
VOTER REGISTRATION

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief, correct and complete.

Sworn to and subscribed before me this

28 day of January 2025  
Lauren E. Thayer  
Signature

My Commission expires 12-20-2028  
MO. DAY YR.

Signature of Person Submitting report  
Wade Root  
Printed Name  
814 460-5806  
Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief the 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

28 day of January 2025  
Lauren E. Thayer  
Signature

My Commission expires 12-20-2028  
MO. DAY YR.

Signature of Candidate  
Brenton Davis  
Printed Name  
814 969-8215  
Area Code Daytime Telephone Number

Notary Seal  
Commonwealth of Pennsylvania - Notary Public  
Lauren E. Thayer, Notary Public  
Erie County  
My commission expires December 20, 2028  
Commission number 1455865  
Member, Pennsylvania Association of Notaries

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																													
										Amount																			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$							
House #																				Street Address		Date [MM/DD/YYYY]		\$					
City																				State		Zip Code		Date [MM/DD/YYYY]		\$			

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	
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Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code		Date (MM/DD/YYYY)	\$

## PART E

## Other Receipts

REFUNDS, INTEREST 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	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]					
Receipt Description					

SCHEDULE II

PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

File Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S		
Description of Contribution						

SCHEDULE III  
**Statement of Expenditures**

Filer Identification Number:	
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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	
City		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	
City		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	
City		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	
City		State		Zip Code	

## PENNSYLVANIA CAMPAIGN FINANCE REPORT

*This Report must be typed or printed legibly in blue or black ink.*

### INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

### REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

**Filer Identification Number** - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A *candidate's* filer identification number is assigned by the Bureau when the candidate files nomination petitions. A *political committee* or *lobbyist* filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

**Report Filed By** - Please indicate which type of filer you are by checking the appropriate box on the cover page.

**Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code** - Please enter appropriate name and address.

**Type of Report** - Please place an "X" by the applicable report type.

**Amendment Report** - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

**Termination Report** - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

**Filing Method** - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

**Name of Office Sought** - If filed by a candidate or candidate's committee, indicate office sought.

**Date of Election** - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

**District Number** - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

**Office Code, Party Code and County Code** - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

**Summary of Receipts and Expenditures** - Enter the appropriate dates of the reporting period covered.

**Amount Brought Forward From Last Report (Item A)** - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

**Items B through G** - See detailed instructions on each corresponding schedule.

**Affidavit Section** - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

**Page Number** - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

**Reports Filed on Diskette:** The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at [www.dos.state.pa.us](http://www.dos.state.pa.us) or by contacting the Bureau.

## **SCHEDULE II**

### ***IN-KIND CONTRIBUTIONS RECEIVED***

**Detailed Summary Page** - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

**Part F and Part G** - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the **Schedule II Detailed Summary Page**.



## **SCHEDULE IV**

### **STATEMENT OF UNPAID DEBTS**

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.