

CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Anthony W. Davis						
STREET ADDRESS 8945 Old French Rd						
CITY Erie			STATE Pa		ZIP CODE 16509	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Supervisor		DISTRICT NO.	PARTY Rep.	DATE OF ELECTION
						MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY		1.				11 07 23
2ND FRIDAY PRE-PRIMARY		2.				
30 DAY POST-PRIMARY		3.				
6TH TUESDAY PRE-ELECTION		4.				
2ND FRIDAY PRE-ELECTION		5.				
30 DAY POST-ELECTION		6.				
ANNUAL REPORT		7. <input checked="" type="checkbox"/>				

DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		11 28 23				12 31 23	

CASH BALANCE AT END OF REPORTING PERIOD:		\$	0
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	0

AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO	

FOR OFFICE USE ONLY
 2024 JAN 24 AM 2:23
 ERIE COUNTY
 VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
24 th DAY OF January		Anthony W. Davis	
[Signature]		Anthony W. Davis	
MY COMMISSION EXPIRES 12/02/2024		572-7459	
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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		SIGNATURE OF CANDIDATE	
____ DAY OF ____ 20__		____	
____		____	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES ____		AREA CODE DAYTIME TELEPHONE NUMBER	
MO. DAY YR.		____	