

## 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	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brenton Davis (Friends to Elect Davis)				
Street Address	609 east gore road				
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY) 11/2/21		Year 2021		Amendment Report	Termination Report
Summary of Receipts and Expenditures		From Date 11/1/21 12/31/2023	To Date 12/31/23 1/31/2024	For Office Use Only	
A. Amount Brought Forward From Last Report		\$ 7,455.36		2024 FEB -2 AM 10:29 ERIE COUNTY VOTER REGISTRATION	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 16,275			
C. Total Funds Available (Sum of Lines A and B)		\$ 23730.36			
D. Total Expenditures (From Schedule III)		\$ 21000			
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2,730.36			
F. Value of In-Kind Contributions Received (From Schedule II)		\$			
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 38700			
Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> report, candidate sign here.					
I swear (or affirm) that this report, including the attached schedules on file, is to the best of my knowledge and belief true, correct and complete.					
Sworn to and subscribed before me this					
2 day of February 20 24					
Sue Sheffield					
Signature					
My Commission expires 12-02-26					
MO. DAY YR.					
Signature of Person Submitting report					
Wade Row					
Printed Name					
814					
Area Code					
460-5806					
Daytime Telephone Number					
Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , 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					
2 day of February 20 24					
Sue Sheffield					
Signature					
My Commission expires 12-02-26					
MO. DAY YR.					
Signature of Candidate					
Brenton D Davis					
Printed Name					
814					
Area Code					
969 8215					
Daytime Telephone Number					

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	125
All Other Contributions (Part B)		\$	1650
Total for the reporting period	(2)	\$	1,775
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	13,500
Total for the reporting period	(3)	\$	13,500
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

## 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					LPAC ERIE					Date [MM/DD/YYYY]					\$					125								
										10/17/2023																		
House #		120		Street Address			WEST 10TH			Date [MM/DD/YYYY]					\$													
City		ERIE			State		PA		Zip Code		16501			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 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.)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>					AL AMES		<b>Date [MM/DD/YYYY]</b>	\$	200
							10/15/2034		
<b>House #</b>	889		<b>Street Address</b>	AVONIA ROAD			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	FAIRVIEW		<b>State</b>	PA	<b>Zip Code</b>	16415	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>					WILLIAM R LYMAN		<b>Date [MM/DD/YYYY]</b>	\$	100
							10/19/2023		
<b>House #</b>			<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>					BRIAN LASHER		<b>Date [MM/DD/YYYY]</b>	\$	75
							10/15/2023		
<b>House #</b>	120		<b>Street Address</b>	WEST 10TH STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE		<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>					JEFF BLAIR		<b>Date [MM/DD/YYYY]</b>	\$	62.50
							10/15/2023		
<b>House #</b>	34		<b>Street Address</b>	CIRCUIT STREET APT 54			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	WATERFORD		<b>State</b>	PA	<b>Zip Code</b>	16441	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>					JESSICA SIPES		<b>Date [MM/DD/YYYY]</b>	\$	62.50
							10/15/2023		
<b>House #</b>	120 A		<b>Street Address</b>	EAST 1ST STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	WATERFORD		<b>State</b>	PA	<b>Zip Code</b>	16441	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>					AMY BRIDGER		<b>Date [MM/DD/YYYY]</b>	\$	75
							10/16/2023		
<b>House #</b>	4701		<b>Street Address</b>	COLLEGE AVE			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE		<b>State</b>	PA	<b>Zip Code</b>	16563	<b>Date [MM/DD/YYYY]</b>	\$	

## 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		JOSEPH SINNOTT				Date [MM/DD/YYYY]	\$	125
						10/15/2023		
House #	650	Street Address		WEST 40TH ST		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JOHN ZACK				Date [MM/DD/YYYY]	\$	125
						10/10/2023		
House #	5735	Street Address		TIMBERCREEK DR		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		TAD SWIFT				Date [MM/DD/YYYY]	\$	125
						10/11/2023		
House #	9	Street Address		MARKET		Date [MM/DD/YYYY]	\$	
City	UNION CITY	State	PA	Zip Code	16438	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		GARY LEE				Date [MM/DD/YYYY]	\$	75
						10/19/2023		
House #	2115	Street Address		GERMAN STREET		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JAKE ROUCH				Date [MM/DD/YYYY]	\$	150
						10/15/2023		
House #	3931	Street Address		FEIDLER DR		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		RYAN DUNLAVEY				Date [MM/DD/YYYY]	\$	100
						10/15/2023		
House #	11048	Street Address		HIGHLAND AVE		Date [MM/DD/YYYY]	\$	
City	NORTH EAST	State	PA	Zip Code	16428	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.)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>		JULIA HERZING				<b>Date [MM/DD/YYYY]</b>	\$	125
						10/18/2023		
<b>House #</b>	120	<b>Street Address</b>	WEST 10TH STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>		NATHAN KOBLE				<b>Date [MM/DD/YYYY]</b>	\$	250
						10/19/2023		
<b>House #</b>	1100	<b>Street Address</b>	STATE STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

**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)

Filler Identification Number:	
-------------------------------	--

Full Name of Contributor						Date [MM/DD/YYYY]		\$	500
GERY NIETUPSKI						10/18/2023			
House #	5020	Street Address				Date [MM/DD/YYYY]		\$	
		TRAMARLAC LANE							
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Employer Name				BAML		Occupation		LAWYER	
Employer Mailing Address / Principal Place of Business				10 FOUNTAIN PLAZA 9TH FLOOR BUFFALO NY 14202					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	500
RICHARD VICARY						10/16/2023			
House #	1641	Street Address				Date [MM/DD/YYYY]		\$	
		SOUTH SHORE DRIVE							
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Employer Name				VICARY INSURANCE		Occupation		INSURANCE BROKER	
Employer Mailing Address / Principal Place of Business				1652 WEST 8TH STREET					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	500
JEFF PLYLER						10/16/2023			
House #	8850	Street Address				Date [MM/DD/YYYY]		\$	
		FRY ROAD							
City	MCKEAN	State	PA	Zip Code	16426	Date [MM/DD/YYYY]		\$	
Employer Name				PLYLER OVERHEAD DOOR		Occupation		PRESIDENT	
Employer Mailing Address / Principal Place of Business				8850 FRY ROAD MCKEAN PA 16426					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	500
JOHN BARBER						10/18/2023			
House #	4895	Street Address				Date [MM/DD/YYYY]		\$	
		THOROUGHbred LOOP							
City	ERIE	State	PA	Zip Code	1505	Date [MM/DD/YYYY]		\$	
Employer Name				BARBER INSTITUTE		Occupation		PRESIDENT	
Employer Mailing Address / Principal Place of Business				2675 WEST 12TH STREET ERIE PA 16505					



**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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>		JAMES BERLIN				<b>Date [MM/DD/YYYY]</b>	\$	5000
						10/15/2023		
<b>House #</b>	1406	<b>Street Address</b>	PEACH STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		LOGISTICS PLUS				<b>Occupation</b>	CEO	
<b>Employer Mailing Address / Principal Place of Business</b>		1406 PEACH STREET						
<b>Full Name of Contributor</b>		YURIY OSTAPYAK				<b>Date [MM/DD/YYYY]</b>	\$	2500
						10/16/2023		
<b>House #</b>	1406	<b>Street Address</b>	PEACH STREET			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		LOGISTICS PLUS				<b>Occupation</b>	LOGISTICS	
<b>Employer Mailing Address / Principal Place of Business</b>		1406 PEACH STREET						
<b>Full Name of Contributor</b>		MATT CLARK				<b>Date [MM/DD/YYYY]</b>	\$	500
						10/15/2023		
<b>House #</b>	529	<b>Street Address</b>	RACHEL COURT			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		HUMES				<b>Occupation</b>	CAR DEALER	
<b>Employer Mailing Address / Principal Place of Business</b>		1010 RTE 19 N WATERFORD PA 16441						
<b>Full Name of Contributor</b>		ROGER RICHARDS				<b>Date [MM/DD/YYYY]</b>	\$	2500
						10/19/2023		
<b>House #</b>	1928	<b>Street Address</b>	SOUTH SHORE DRIVE			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16507	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		RICHARDS ASSOICIATES				<b>Occupation</b>	LAWYER	
<b>Employer Mailing Address / Principal Place of Business</b>								

**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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$ 500
FRANK VICTOR					10/19/2023		
<b>House #</b>	1651	<b>Street Address</b>	EAST 12TH STREET			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16511		
<b>Employer Name</b>			FRALO INDUSTRIES			<b>Occupation</b>	PRESIDENT
<b>Employer Mailing Address / Principal Place of Business</b>			1651 EAST 12TH STREET ERIE PA 16511				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$ 500
MICHAEL VICTOR					10/19/2023		
<b>House #</b>	4851	<b>Street Address</b>	WOLF ROAD			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505		
<b>Employer Name</b>			FRALO INDUSTRIES			<b>Occupation</b>	PRESIDENT
<b>Employer Mailing Address / Principal Place of Business</b>			1651 EAST 12TH TREET ERIE PA 16511				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$ 500
JOHN HILBERT SR					10/19/2023		
<b>House #</b>	7900	<b>Street Address</b>	WEST RIDGE ROAD			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	FAIRVIEW	<b>State</b>	PA	<b>Zip Code</b>	15415		
<b>Employer Name</b>			RETIRED			<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$ 500
PA CONSULTING SERVICES					10/17/2023		
<b>House #</b>	1157	<b>Street Address</b>	WEST 17TH STREET			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16502		
<b>Employer Name</b>						<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>							

## 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:	
------------------------------	--

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**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE**

Filer Identification Number:	
------------------------------	--

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
---	--	----

**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

## SCHEDULE II

## Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
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/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/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/DD/YYYY]		\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		COLDSPARK				<b>Date [MM/DD/YYYY]</b>	\$	6,000
						4/1/2023		
<b>House #</b>	307	<b>Street Address</b>	4TH AVE STE 14			<b>Description of Expenditure</b>		
<b>City</b>	PITTSBURGH	<b>State</b>	PA	<b>Zip Code</b>	15222	CONSULTANT		
<b>To Whom Paid</b>		BRENTON DAVIS				<b>Date [MM/DD/YYYY]</b>	\$	7,000
						11/1/2023		
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	1650	LOAN		
<b>To Whom Paid</b>		MELANIE BREWER				<b>Date [MM/DD/YYYY]</b>	\$	3,000
						11/10/2023		
<b>House #</b>	4664	<b>Street Address</b>	WEST 12TH STREETT			<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16505	CONSULTANT		
<b>To Whom Paid</b>		COMMITTEE TO ELECT DAN LAUGHLIN				<b>Date [MM/DD/YYYY]</b>	\$	5,000
						12/21/2023		
<b>House #</b>	1314	<b>Street Address</b>	GRISWOLD PLAZA SUITE 101			<b>Description of Expenditure</b>		
<b>City</b>	ERIE	<b>State</b>	PA	<b>Zip Code</b>	16501	DONATION		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	500
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	3/2/2021		
<b>Description of Debt</b>		LOAN							

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	5,500
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	3/21/2021		
<b>Description of Debt</b>		LOAN							

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	700
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	5/10/2021		
<b>Description of Debt</b>		LOAN							

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	10,000
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	8/16/2021		
<b>Description of Debt</b>		LOAN							

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	18,000
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	9/29/2021		
<b>Description of Debt</b>		LOAN							

<b>Name of Creditor</b>		BRENTON DAVIS						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	609	<b>Street Address</b>	EAST GORE ROAD			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	3,000
<b>City</b>		ERIE	<b>State</b>	PA	<b>Zip Code</b>	16509	10/27/2021		
<b>Description of Debt</b>		LOAN							