Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report File (Mark X)	d By Cand	idate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brenton Da	vis			,	
Street Address	609 East G	ore Road				
City Erie	I.	State	PA	Zip Code	16509	
Type of Report (Place x under report type)	·		•			
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesd Pre- Electio		 1 (200) 2.5 (190) (3.1), (2.10), (2.10) 	t 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 11/2/21	Year	2024	Amendment Report		Termination Report	
Summary of Receipts and From Date	ТоГ	ate		For	Office Use Only	
Expenditures 1/1/24	337 32.56	12/31/24				
A. Amount Brought Forward From Last Report	\$	3185.66				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0			S S	3
C. Total Funds Available		3185.66 Fig.:			7 -	
(Sum of Lines A and B) D. Total Expenditures			_		American State Control of the Contro	
(From Schedule III)	\$	6.95			The state of the s	ာ
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3178.71			C7 (1)	T
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0			* _ :	ņ
G. Unpaid Debts and Obligations	\$		_		Company of the compan	
(From Schedule IV)		0,				
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a	Affidavit	randidate sign here	<u> </u>		
I swear (or affirm) that this report, including the atta	ched schedule	s pager, is to	he best of my knowle	edge and belief to	rue, correct and complet	e.
Sworn to and subscribed before me this		aure aure aure aure	1//51	/()d/(<i>'</i>	
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this A garage of Tamuary 20 25	- '1	n E. I	Signature	e of Person Subm	oitting report	
1/2/1/1000 1/100/00	-	Thaye Erie C expire ion nu		<u> </u>	277	
Signature ()	ا، ہے،	ayer, N ayer, N 9 Coun pires D numb	814	Printed Nam	ie 16 : 572 15	
My Commission expires 1:20 00 00 00 MO. DAY YR.	<u>0</u> 2	remisyvania - wayer, Notary Pu ia County ie County Decembe n number 1455; pria Association o	Area Code		ytime Telephone Numbe	romaki yakta k
		<u> </u>				1. · · · · · · · · · · · · · · · · · · ·
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge			n here. ee has not violated a	ny provisions of	the Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.		ries 026	' L			
Sworn to and subscribed before me this	_					
day of20	- '1			gnature of Candi	data	_
		•	21			_
Signature	ا ,			Printed Name	÷	
My Commission expires	_		Aron Code		timo Tolophono Number	
MO. DAY YR.			Area Code	рауг	time Telephone Number	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

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	\$	The second secon
	\$	
i (2)	\$	
arse (1917) Sept. 1918	\$	
	\$	
(3)	\$	
rt E)		
(4)	\$	
nd , Report	\$	
ı	(3) tE):	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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				
				Amoun	nt
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
I nouse #	Jueecaduless			**************************************	
City	14(2000) (2014) (2014) (2014) (2014) (2014)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	tribilities.	1967 (1967) 1967 (1967)		Date [MM/DD/YYYY] \$	
Committee	MIDUENIE			Pare finish pol 11111	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing		To see the second second	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	and the same of th	That distributions are to make	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con Committee	tributing	1980,446,75 (See 1	(a) the desired representation of	Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	258 75 C (F) (400)	Security State Concrete et	Date [MM/DD/YYYY] \$	
House #	Street Address		<u> </u>	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			*iDate\[MM/DD/XXXXI] S	
House # Streey Address			Date [MM)/DD/47/Y/]	
(City),	-State	Zip Gode	Date [MM/DD/XXXXI]	
(Full-Namero) Contributor			Date MM/DD/AWM S	
House # Street Address		T	Date [MM//DD//\\\\\)	
Gtty,	State	Zip Code	Date[MM/DD/MYM]	
(Full-Name of Contributor			Date [VM//DD/M//M] \$	
House::: Street:Address			Date [MM/JDD/AAAA] S	
Gty:	State	i-Zip Gode	*IDate*[MM//DD///////] \$	
Hull-Name of Contributor		A Company of the Comp	Date [MM/DD/AYYM] \$	
House# Street Address			(Date(MM/DD/MMM))	
Gity	State	Zip Code.	Date [MIN/DD/ANYN] S	
FulliName of Contributor			*Date [MM/DD/MMM] \$	
House # Street/Address			@Date[MM/DD//YYYY]) \$\$	
EGD	State	Zip Code	Date MM/DD/AYYM	
Full Namerof Contributor			Date [MM/DD/MMM] . S	
House #2 Street Address			Date [MM/DD/M/M] \$5	
(Gity)	State	Zij).Code	Date [MM/DD/WYY] \$5	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		.,.		
The state of the s				
Full Name of Contributing Committee			Date [MM/DD/YYYY] &	5
House # Street Address			Date [MM/DD/YYYY)]	5 8
Grty.	State	Zip Code	Date [MM/DD/YYYY]	\$ <u> </u>
Full Name of Contributing Committee				Ş
(House # : Street Address			Date [MM/DD/YYYY]	\$
(Gity	State	Zip Code	Date [MM/DD/YYYY]	569 \$3
Full Name of Contributing Committee	MPDM mingraphency	EN ANY COLUMN STATE AND ASSESSMENT OF THE STATE ASSESSMENT OF	Date [MM/DD/YYYY]	\$
House # Street Address		,	Date [MM/DD/XXXX]	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Certy 2	State	Zip Code	Date [MM/DD/YYYY]	S.
Full Name of Contributing Committee	FERESTERS.		Date [MM/DD/YYYY]	ST.
House'# Street Address		·	Date [MM/DD/yyyyy]	52
Gity Grant G	State	Zip Code	Date (MM/DD/\\\\)	3 3 3 3 3 3 3 3 3 3
Full Name of			Date [MM/DD/XXXX)	\$2 58
Contributing Committee				
House # Street Address				
Gity.	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Gontributing Committee!			Date [MM/DD/YYYY] \$	\$
House# Street Address			Date [MM/DD/YYYY]	
Figure 2 and a second and a second a se	State	Zip Code	Date [MM/DD/YYYY]	>

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)

File-Identification Numbers	
Füll/Nameof@oneributor.	Date [MM/DD/XYYY] S
House'# Street Address	Date IMM/DD/MMM
	p Code Date [MM/DD/YYYY] 3 S S
Employer Name	Occupation
Timployer Mailing Address // Rincipal Rade of Business	[25000000 2000000000 2000000000000000000
(Full/Name of Contributor	Date MM/DD/XYYW1
House## Street*Address	Date [MM/DD/YYYY] \$
	p Code / Date [MM//DD//XYYYI] TS
'Employer Name	Occupation (
Bimployer (Vhilling Addiness / Principal (Place of (Business	Droj controlled programme Systems Controlled
FullkName of Contributor	(Date [MIM/,DD/,MYM] \$
Houseff. Street Address	Date/[MIM/DD/XYYY]
Gity. State. Zi	p.Gode Date [MM/DD/YYYY] \$2.
Employer Name	-Occupation
Employer:(Mailing/Address:// Principal Place of Business	
Full Name of Contributor	Date[MM/DD/MYY]
[House# Street/Address	[Date [MM/DD/XYYYI] S
	p.Code #Date:[MM//DD//YYYY] \$
Employer Name	Occupation
Employer Mailing Address//	

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.

Filealdentification(Number:	章 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
Full Name	2			
	eet Address			
Gity	<u> </u>	State	57n3868	Date MM/DD/YYYYI
			Zip Code	Date [MM/DD/YYYY]
Receipt Description	2	(.32/E/poster/QoHulls-co-b-10);	विकिट विकायमध्यास्य स्थापनाः	p4:02667;
FülliName			 	
House# Str	eet Address			
Gjyy	Sill Mark State Control of the Contr	State	Zip Gode	Date [MM//DD/YYYY] \$
Receipt Description	Part of the control o			
Full Name	AND THE STATE OF T			
House# Stre	eet Address			
Gty		State	Zip	Date [MM/DD/YYYY] \$
	MACA SELECTION OF		Gode	
Receipt Description	a security and a secu	26Spri(Balast Francis)	· · · · · · · · · · · · · · · · · · ·	[P369F2]
FullName	Watchara In			
House# Stre	eet/Address			
Giy	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip. Code	Date MM/DD/YYYYI \$
Receipt Description	Office Assessment			
(Full Chine	TAIL TO THE PARTY OF THE PARTY			
	eet Address			
	eer Address	State	7in 383	Datë (MM/DD//YYYY)
der de	in the second		Zip Code	Date [MM/DD/XYYY] \$
Receipt Description		计算的图像器的图像器数数	NASA SERIESTA DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA CASA D	[S18569]
FulliName				
House# Stre	eet Address			
City (City City City City City City City City		State	Zip Code	Date [MM/DD//YYYY] \$
Receipt Description			Coue	
	The state of the s			·

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

ifiler/identification Number:	
12. Uniterized in Rind Contributions received value of ss	0:00:0R:LESS:PER:CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2: IN-KIND:CONTRIBUTIONS:REGEIVED-VALUE:OF \$50101 TO \$250	GGATEDOINED/ACTREN
	(O)((A)O)(FAN) (I)
TOTAL for the reporting period (2)	\$
34 NIN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (FROI	
a infinity continuoullantaeegivab-valueeven 5/2000/jagu	VI FAMESI
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)	\$
	<u> </u>

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			AEGE 0: \$30:01 10 \$230		
Filer Identification Nun	nber: 30				
,					
Full Name of Contrib	utor -			Date:[MM/DD/MMY]	
House #	Street Address			¿Date [MM/DD//YYYY]	***
Gity	Programme County Col Branching Strongers	State	·Zip Code	Date [MM/DD/YYYY)	
Description of Contra	bution				
Full Name of Contrib	utor			Date [MM/DD/WW]	
House #	Street Address			Date [MM/DD/YYYY] &	
City	445-640 CHIMILIAN TANKA A SERVANDA AND TANKHAN	State	Zip Code	(Date [MM/DD/Y4YY)]	
Description of Contri	bution				
Full Name of Contrib	utor			Date[MM//DD//YYYY]	
#House #	Street Address			Date [MM/DD/YYYY]	
Gity.	didecaren subsidiar resident para ancoras e	State	Zip Code	Date (MM/DD/YYYY)	
Description of Contri	bution				
(Full Name of Contrib	litor.			*Date [MM/DD/xxxx) S	
House #	Street Address			Date [MM//DD/X/Y/Y] S	
City Description of Contri		State	-Zip Code	:Date:[MM//DD/XXXX)]	
Description (Control					
Full Name of Contrib	itor			Date [MM/JDJ/YYYM]s	
House #	Street Address			Date [MM/DD/AWM]. S	
City		State	Zip Code	Date [MM//DD//YYYY] \$	
Description of Contri	oution:				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

FilerIdentification Number		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM//DD//YYYY] S
Gity State	Zip Code,	Date (MM/DD/YYYY) 55
Employer Name	(1955年) (1956年)	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
FúlliName:of:Contributor		*Date [MM//DD//YYYY] \$
House# Street:Address		Date (MM/DD/AYYY) \$
City State	Zip Code	Date [MM//DD//YYYY] \$
lemployer(Name).		Occupation
Jamployez (Mailing:Address//Principal (Place of Business)		Description. of Gontribution
Full Name of Contributor		*Date [MIM/DD/XXYY)] \$
House# Street Address		Date [MM/DD/XYYY) \$
City, State	Zip Gode	*Date [MM/DD/YYYY] \$
Employer Name:		4Occupation 4
(Employer Mailing Address //Principal Place of Business		Description of a Contribution
Full Name of Contributor.		(Date (MIN)/DD/YYYY) \$\frac{1}{2}
House# Street Address		«Date [MM/DD/YYYY)] \$1
Gty State.	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing/Address // Principal		Occupation,
Place of Business		Description of Contribution

SCHEDULE III

Statement of Expenditures

.Filerildentificati	on Number:			
<u> </u>				
To Whom Paid				Date (MM/DD/AYXY)
House#	Street Address	١		Description of Expenditure
Gitý.		State	Zip Code	
To Whom:Paid				Date [MM//DD/XYXY] \$
House#	Street Address			Description of Expenditure
Giv.		State	Zip Code	
To Whom Paid				Date (MM//DD//YYYX)
House #	Street Address			Description of Expenditure
Giv.		State	Zip Code	
To Whom Paid				Date MM/DD/XYXY/
用ouse#.	Street Address			Description of Expenditure
Giy"		State	Zip Gode v	
To Whom Paid				adate(MM/DD/AAAA)
House#	Street Address			Description of Expenditure
Giy.		State	Zip Code	
To Whom Paid				Date [MM/DD/XXXXI] S
House#	Street Address	In the under opposit	Lador Shares warehood	Description of Expenditure
City#		State	Zip Code	
To Whom Paid				Date [MM/DD/XXXX)] \$
House #	Street Address	Name Titler 61 th manufact.	less to the second second	Description of Expenditure
Gity		State	Zip Code	
ToWhom Paid				@Date [MM/DD/XXXX] \$ \$ \$
House #	Street Address			Description of Expenditure.
City.		State	Zip Gode	

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.

Allanidentiilention/Numbers			
Nameorceditor			Outstanding Balance of Debt
House ###	et/Address	DATE DEBT INGURRED	S
City.	and the second s	State Zip Gode	
Description of Debt		· .	Α.
Name of Creditor House # Stree	et-Address	DATE DEBITINGURRED	Outstanding Balance of Debt 1
	ac/cumess	[MM/DD/YYYY]	
Gity Description of Dabi		State Zip. Code	
pestanjaan an esta			
Name of Greditor	WANTE OF THE PARTY	775777 - 17 17 17 17 17 17 17 17 17 17 17 17 17	Outstanding Balance of Debt
House #1	et/Address	DATE(DEBT/INGURRED: ([MIM/DD/AA/M])	
ŒĬij	edition opening.com/crapacity	State Zip	
Description of Debt			
Name of Greditor House## Suc	et Address	DATE DEBTINGURRED	Outstanding Balance of Debt
	et Adortess	[MM/Jdd/xxxxy]	
City.		State Zip Gode	
Description of Debt			
Name of Greditor House# Stree		DATE DEBTINGURRED	Outstanding Balance of Debt
Muser. Ste	et Address	[MM//DD/YYYY]	
(Gity	·	State Zip Gode	
Description of Debt			
Name of Greditor	Chinese had not have been been	Description of products of the product of the produ	Outstanding Balance of Debt
House# Stree	et Address	DATE DEBT INCURRED (MM/DD/YYYYY)	\$
Gfy		State Zip.s. Code	
Description of Debt. (c)			