

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Brenton Davis						
Street Address		609 East Gore Road						
City	Erie	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)		11/2/21	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<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	<p>2025 JAN 29 PM 3:17</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
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)	\$	3178.71	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

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 schedules, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of January 2025

Lauren E. Thayer
Signature

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

Commonwealth of Pennsylvania - Notary Public
Lauren E. Thayer, Notary Public
Erie County
My Commission expires December 20, 2028
Commission number 145568

[Signature]
Signature of Person Submitting report

Brenton D. Davis
Printed Name

814 969 8215
Area Code Daytime Telephone Number

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

day of 20

Signature

My Commission expires
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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>		\$

This schedule must be filed with the report.
If the filer is a candidate for election to federal office, this schedule must be filed with the report.
If the filer is a candidate for election to state or local office, this schedule must be filed with the report.
If the filer is not a candidate for election to federal, state or local office, this schedule must be filed with the report.
If the filer is a candidate for election to federal office and is also a candidate for election to state or local office, this schedule must be filed with the report.

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

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)

Filer 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	
Employer Name					Occupation				
Employer Mailing Address/ Principal Place of Business									

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	
Employer Name					Occupation				
Employer Mailing Address/ Principal Place of Business									

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	
Employer Name					Occupation				
Employer Mailing Address/ Principal Place of Business									

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	
Employer Name					Occupation				
Employer Mailing Address/ Principal Place of Business									

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									

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:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

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

Filer 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 II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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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

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		

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.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code		
Description of Debt						