

# 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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends to Elect 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 <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/20	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/31/25	5/6/25	
A. Amount Brought Forward From Last Report	\$	3,178.71	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 MAY -9 PM 12: 22  ERIE COUNTY  VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	65,000	
C. Total Funds Available (Sum of Lines A and B)	\$	69128.71	
D. Total Expenditures (From Schedule III)	\$	67,100	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,028.71	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9 day of May 20 25  
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 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

9 day of May 20 25  
Kelly Muckin  
Signature  
My Commission expires 09/24/2025  
MO. DAY YR.

Signature of Candidate

Brenton D. Davis  
Printed Name

814 969-8215  
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Kelly Muckinhaupt, Notary Public  
Crawford County  
My commission expires September 24, 2025  
Commission number 1252088  
Member, Pennsylvania Association of Notaries

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)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<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)		\$
Total for the reporting period	(3)	\$
<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>		\$

RECEIVED  
JAN 10 2008  
FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RECEIVED  
JAN 10 2008  
FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

## Contributions Received From Political Committees

**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]	\$		
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									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
Brad and Amy Allen						4/4/25		250.00	
House #		Street Address				Date [MM/DD/YYYY]		S	
122		West Main Street							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Corry		PA		16407					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
Paul Lichtenwalter						4/30/25		100.00	
House #		Street Address				Date [MM/DD/YYYY]		S	
4508		Wood Street							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Erie		PA		16509					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
Mark J. Schumacher						4/30/25		100.00	
House #		Street Address				Date [MM/DD/YYYY]		S	
1769		West 27th Street							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Erie		PA		16508					
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	
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	
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	

## 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					Northwest Good Government		Date [MM/DD/YYYY]	5/5/25	\$	65,000
House #	230		Street Address		West 6th street		Date [MM/DD/YYYY]		\$	
City	Erie		State	PA	Zip Code	16507	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 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:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Michael Ward						4/30/25		\$	500.00
House #	Street Address		Date [MM/DD/YYYY]		\$				
250	Jacobs Way				\$				
City	State		Zip Code	Date [MM/DD/YYYY]		\$			
Greensburg	PA		15601			\$			
Employer Name			Occupation						
RETIRED			n/a						
Employer Mailing Address / Principal Place of Business			n/a						
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									
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									
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									

## 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**

**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

File 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]	\$	
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]	\$	
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]	\$	
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]	\$	
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]	\$	
Description of Contribution							

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

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

To Whom Paid		Talk Erie.com/ WZTE				Date [MM/DD/YYYY]		\$	3,000
						4/23/25			
House #	10912	Street Address	Rt. 19 N			Description of Expenditure			
City	Waterford		State	PA		Zip Code	16441		RADIO ADVERTISING
To Whom Paid		ColdSpark				Date [MM/DD/YYYY]		\$	13,000
						5/5/25			
House #	suite 500	Street Address	Three PPG Place			Description of Expenditure			
City	Pittsburgh		State	PA		Zip Code	15222		ADVERTISING
To Whom Paid		Medium Buying LLC				Date [MM/DD/YYYY]		\$	51,100
						5/6/25			
House #	1100	Street Address	Dennison Ave Unit B			Description of Expenditure			
City	Columbus		State	OH		Zip Code	43201		ADVERTISING
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:	
------------------------------	--

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	
---------------------	--