Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat Number	tion			ort Filed	Ву	Candida	ate		Comm	ittee		X	Lob	byist	
Number Name of Filing Lobbyist	 Committee, Ca	ndidate or		ark X) nds to Ele	ct Bren	ton Davis	<u> 1039 (16).</u> S			<u> </u>			kdd		
Street Address			609	East Gore	e road										
City	Erie	The first state of	1			State	PA		Zip Co	de	16509				
Type of Report	(Place x under	report type)		·		Selectorist, to ex-			N. S.	20 25					
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	100000	Tuesday Election	Maria de la compansión de	^d Friday Election	27 (200 kg) 100	ay Post n	7- Ann	iual	Special Pre-Elec	2 nd Friday tion	Class Table	cial 30 t-Elect	1000000
(1 0 to 1 1 1 year 1 0 to 1	X														
Date Of Election (MM/DD/YYYY)		5/20	Year		20	25	Amend Report	ara bere bara dalam			Termina Report	ation		:	
Summary of Re Expenditures		From Date 1/31/25		To Dat	e 5/6/25					For (Office Use	e Only			
A. Amount Brot				. 3	3,178.7	1									
B. Total Moneta (From Schedule	0	ns and Receipts	N		65,000	1						<	~		
C. Total Funds Available (Sum of Lines A and B)			\$	6	9128.7	'1	OTE			2025 MAY					
D. Total Expend (From Schedule	un)		\$		67,100)									
E. Ending Cash E (Subtract Line D	from Line C)		\$	2	2,028.7	1						CO -	9		
F. Value of In-Ki (From Schedule	e dad file a victorial and all	ns Received	\$										<u> </u>		
G. Unpaid Debt		ns	\$									≅ r	ى د		
		The second second				fidavit Se							<u>ა </u>		
Part 1- If this is a C I swear (or affirm)	that this report,	t, treasurer sign h including the atta	ere. If t ched so	his is a Ca hedules o	n g date Dager	report &	indidate sig best of my	gn here. knowled	ge/s/id be	eljef tro	ie, correct	and comple	te.		
I swear (or affirm) Sworn to and subs	scribed before me	e this	_	١	Notar Publi	55865 55865 50 of N					9				
day of_	and the	Thank	- 14 \		ania	2 5 6 7 5 6					tting repor				
/ www	Signature	- a	<u>~</u>	\Box	of Pennsylv Thayer, N	expires De	<u> </u>	pv	Printed	-;					
My Commission ex	xpires / d-	DAY YR.	3 &		ealth of Pe en E. Tha	Erie Coulission expires	8/4 Eea Code		_	Dayt		- 5806 hone Numbe			
Part II- if this is a re					idagea	iall ∰godhle	¥ge.			•					
I swear (or affirm) amended.	that to the best	of my knowledge	and bel	ief this pol	itical co	mmottee	්ණීs not vio වී	lated any	provisior	ns of th	e Act of Ju	ine 3, 1937 (P.L. 13	33, NO	.320) as
Sworn to and subs	cribed before me	this			:		-7	<i>?</i> ./	04	0					
gay of	May May	20 25	=	1		-	~ <u>/ </u>		ature of (Candida	ate				
- Hay	Signature		_				_₩£ -	1 ton	Printed N	ame	JULS_				
My Commission ex	kpires 09 (04/ 0092 DAY YR.	-			A	BIY rea Code	_	-	Daytir		ー 多る/_ one Number	_		
Commonwealt Kelly Mus	h of Pennsylvani ckinhaupt, Note	a - Notary Seal ary 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

Filer Identification Number		
1:Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	l) \$	
2. Contributions of \$50:01 to \$250.00 (From Part A and Part B)	(3) (3) 3 (3)	
Contributions Received from Political Committees (Part A)	\$	amount of the state of the stat
All Other Contributions (Part B)	\$	
Total for the reporting period (2	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	3) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	1) \$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t \$	
i .	1	T. Control of the con

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	n Number			····	
The state of the s	A的 認知以至 A的 的名词复数 Last 1			Arr	nount
Full Name of Co	ontributing			Date [MM/DD/YYYY] 5	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Probable recent control	State	Zip Code	Date [MM/DD/YYYY] 5	
	MINERAL AND STREET				
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1 1565 6 15 16 15 15 15 15 15 15 15 15 15 15 15 15 15	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		•		Clear Control and project to the solution of the control of the co	
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
	A second Manual	Was States, 1		1500	_
Full Name of Cor Committee	ntributing .	_		Date [MM/DD/YYYY] \$.	
House#	Street Address			Date [MM/DD/YYYY] \$	
		Verrain to get	a constant	10.00 (0.00)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing	TO RESERVED	(1995年)(200年)(201日)(201日)	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Zip Code	Pare [MIM/DD/ LTI-1]	
Full Name of Cor Committee	ntributing	pheni		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[2] 27 - 23° - 24 - 25° - 25° - 1	State	Zip Code	Date [MM/DD/YYYY] \$	
				755 1584	

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 (dentification Number)		
Full Name of Contributor Brad and Amy Allen	#Date [MM]/DD/YYYY]	

ruji Vametoreoji (norto)	Brad and Amy Allen		4/4/25	250.00
House# Stre	et Address West Main Street		Date (MM/DD//YYYY)	
Corry	State PA	72ip Gode	(Date [MM/DD/AAAA)) S	
Full Name of Contributor	Paul Lichtenwalter		Date (IMM/DD//YYYY) S 4/30/25	100.00
House # Stre 4508	et/Address Wood Street		Date [MM/DD/XXXXI)	
Gitγ Erie	State PA	Zip Code 16509	(Bate [MM/DD/AAAA] & \$	
Full Name of Contributor	Mark J. Schumacher		*Date [MM/DD/XXXX]	100.00
House# Street 1769	et Address West 27th Street		Date [MM/DD//YYY/4]	
Citý Erie	State. PA	Zipicode 16508	Date (MM/DD//AAAA)	
Full Vernerol/Contributor			Date:[MIM/DD/AYYVI]	
House# Stre	eet Address		Date (MM/DD/YYYY)	
Giv	State	Zip Code	Date:[MM//DD//////]	
Full Name of Contributor			Date (MM/DD/YYYY) &	
House# Stre	eet Address		Date [MM/DD/YYYY] S	
ট্রা	State.	Zip Code	Date [MM/DD/WW] 3	
Full Name of Contributor			Date [MM/DD/YYYY].	
House## Stre	et Address		Date [MM/DD/YYYY] S	
City	State	Zip Code.	Date [MM/DD/YYYY] * 3	

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			Date [MM/DD/YYYY]	ul .
	Northwest Good Government		5/5/25	65,000
■ \$1000000000000000000000000000000000000	et/Address		Date [MM/DD/YYYY] \$	
230	West 6th street			
City Erie	State. PA	Zip Gode 16507	Date [MIM/DD/YYYY] S	
		10507		
Full Name of Contributing Committee			Date [MM/DD/YYYY]	77
House # Stre	et Address		Date [MM/DD/YYYY] S	
Gity	State	Zip Code	Date MM/DD/YYYY/	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Stre	et Address		Date [MM/DD/YYYY]	
		The Lord Mary James Law Address of		
Gity	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY) S	
Contributing Committee			The part of the sale of the sa	
House:#. Stre	et Address		Date [MM/DD/YYYY] \$	
			V6-2-2-18-01-V6-5-V00-041-W-8-6-	
Gty	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		多交叉公司制度等的公司	Date [MM/DD/YYYY] S	
Contributing Committee				
House # Stre	et Address		Date [MM/DD/YYYY] S	
				·
Gity	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY] S	
Contributing Committee				
House # Stre	et Address		Date [MM/DD/YYYY] \$	
(Gity	State	Zip Code	Date (MM/DD/YYYY) \$	
.		12012110		

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 dentification Numbers

				PORTAL STATE OF THE STATE OF TH
Full-Name of Contributor	Michael Ward		Date [MM/DD/YMY] 4/30/25	500.00
House# Stree	et/Address Jacobs Way		Date[MM/DP/MM/B	
Gity Greensburg	State	Zip Gode 15601	Date [MM/DD/XXXX)	
Employer Name	RETIRED		Occupation n/a	
Employed Mailing Additess Principal Place of Business			Total Sendoral State (Sental Annicolous Collins)	·
Full Name of Contributor			Date[MM/DD/YYYA/]	
	et Address		Date [MM/DD/YXXY]	
/Gity/	State 110013	Zip Code	Date [MM/DD/MM]	
Employer Name			«Occupation	· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address / Principal Place of Business				
Hull Name of Contributor			<pre>@Date [MIM/DD//YAA()</pre>	
	et Address	,	Date [MM/DD/YYYY]	
€ v	State	Zip Code	Date [MIM/DD/YYYY]	
Employer:Name) removates and distribute agency in a	Occupation	went
Employer Mailing Address, Principal Place of Business	(
Full Name of Contributor			Date [MM/DD/YYYY] S	
	St Address		Date [MM/DD/YYYY] 3	
(city	State	Zip Gode	Date [MM/DD/YYYY]	
Employer Name	41.		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	70.7.7.2.5.00.7.4.4		· 	· .
	eet Address	De 200 santingential	File - 2-Cons (Section Co. et al.	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt: Description				
Full Name				
	eet Address		. •	
Gby.		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	NE DESCRIPTION			
	eet Address		•	
Gity	(1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	State	Zip Gode	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
	eet Address		[18. 18] 	
City	17 Paris 18	State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	The second second	HARMAGARA ANG ANG ANG ANG ANG ANG ANG ANG ANG AN		[62tb;88]
Full Name	A West State Company			
#House # Str	eet Address			
City	- ISA MENERAL	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	north and a second a second and			
House # Stre	eet Address			
City		State	Zip	Pate [MM/DD/YYYY] \$
Receipt Description			Code	
	Constant of			

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

AFIEr lidentification Number				
1. UNITEVIZED N-KIND CON	NERIBUTIONS RECEIVED AVAI	UE OF \$50.00 OR LESS PE	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2 IN-KIND CONTRIBUTIONS	REGEIVEDEVALUEROEISSION	IEFOJS2S0100%EROMIPARIO		
TOTAL for the reporting period	(2)			
To his the reporting period	\ - 1	•		
3. INHKIND/CONTRIBUTION/	(EGEWED-VALUE OVER \$250	DOO:((FROMIPARITG)).		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TOTAL for the reporting period	(3)	\$		
TOTAL WALLE OF IN VIND CONTRIB	LITIONS DUDING THIS DEPO	OTING 16		
TOTAL VALUE OF IN-KIND CONTRIB PERIOD (Add and enter amount tot	als from boxes 1, 2, and 3; a	1 1		
on Page 1, Report Cover Page, Item	+)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			VALUE OF \$50.01 TO	3 7230	
Filer Identification	on Number				<u> </u>
Full Name of C	ontributór			Date [MM/DD/YYYY] \$	
House #	Street-Address			*Date*[MM/DD/YYYY)] *\$	
City		State	Zip Codes	Date:[MM/DD/YYYY] \$	
Description of	Contribution (•
Full Name of C	ontilbuto).			Date [MM/DD//YYYY]]	
House#	Street Address	·		Date [MM/DD/YYYY] \$	
Gity.	Note: Name and American Section (Section Section Secti	State	Zip Code	Date [MM/DD/YYYY]	
Description of	contribution				
Full Name of Co	ontributor			Date [MM/DD/XYYY] \$2	. •
House#	Street Address			Date [MM/DD/XXXX)] \$	
Gity		State	Zip Code	Date:[MM//DD//Y/Y//]	
Description of A					
Full Name of Go	ontributor			Date [MIM/DD//YYYY]	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity. [Description of (Contribution	State	*Zip Code	Date [MM/DD/XYYY] \$2	
Full Name of Go				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM//DD/\Y\\]	
(City		State	Zip Code	Date[MM/DD/YYYY] \$5	
Description of (OUTUOUTOUT)				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Hierigentification numbers				
Full Name of Contributor	· ·		Date [MM/DD/YYYM]	
House # Street	Address		Date [MM/DD/MYM]	
Gfs/	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer/Name			Occupation.	
Employer Mailing Address // i Place of Business	anncidal)		Description of Contribution	
Hull Name of Contributor			Date (MIM/DD/MYM)	
	Address		Date [MM/DD/XYYYY] .S	
(Gity)	State	Zip Code	Date [MM/DD/YYW] \$	
Employer/Name/ Employer/Mailing Address//			Occupation	
PlaceofBusiness			of: Gontribution	·
Hull Name of Contributor.			Date [MM/DD/XYYY]	
	Address 142		Date [MM/DD/XYYY] \$	
Gity	State	Zip Code	//Date/[MM/DD/MYY] S	
Employer Name Employer Mailing Address /-I	zincinal -		Occupation: *** Description	
Place of Business			of Contribution	
Full Name of Contributor.			»Date:[MM/DD/YYYY]	
House# Street	Address		Date [MM/DD/YYYY] \$	
(Gty	State	,Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / F	tringpal: **		Occupation Description	
Place of Business			of Contribution	

Statement of Expenditures

Filer/Identification Number:	 <u>-</u> .	 	

			•				
arowhom Paid	Talk Erie.com/ WZT	Ē			### Date [MM/DD/YYYY 4/23/25	3,000	
House # 10912	Street Address Rt	. 19 N			Description of Expe	nditure	
City Waterford		State PA	Zip Code	16441	RADIO ADVERTISING	3	
10.Whom Paid	ColdSpark				Date [MM//DD//Y/Y/Y 5/5/25	13,000	
House# suite 500	Street Address Th	nree PPG Place			Description of Expen	diture	
Eity Pittsburgh		State PA	Zip. Gode	15222	ADVERTISING		
To Whom Paid	Medium Buying LLC				Date [MM/DD/XXXX 5/6/25	1 5 51,100	
House # 1100	Street/Address De	ennison Ave Unit B			Description of Expen	diture	
Columbus		State OH	Zip Code	43201	ADVERTISING		
To Whom Paid					Date [MM/DD/YYYY]	
House#	Street Address				Description of Expen	diture	
Gity		State	Zip Code				
To Whom Paid					Date MM/DD/YYYY] \$	
House#	Street/Address				Description of Expen	diture :	
Gity.		State	Zip Code				
To Whom Paid					Date [MM/DD/WWW.		
House#	Street Address				Description of Expen	diture 	
(givy		State	Zip Gode				
Fo Whom Paid					Date [MM/DD/YYYY		
House #	Street Address				Description of Expen	diture .	
Gty		State	Zip 'Code				
To Whom Paid					Date MM/DD///WW		
House#	Street Address				Description of Expen	diture	
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(dentification)Number	
Name of Creditor	Outstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED \$
	[MM/DD/MACM]
(Gty	State 3 Zip 3
	State Zip. Code
Description of Debt	
Name of Greditor	Gutstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED. S
	[MW/DD/YYYY]
Gity	State Zip
	<u>Code</u>
Description of Dest	
NameofCedior	Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INGURRED SS
	[MM/DD/AYYY]
Gity	State Zip
	(Čode
Descripitonoi Debi	
Name of Greditor	Outstanding Balance of Peb t
	et Address DATE DEBT INCURRED SS
	[MM/DD/YYYY]
Gity	State Zip Code
Description of Debt	
Name of Greditor	Outstanding Balance of Debt // 3 &
House# Stre	et Address DATE DEBT INCURRED \$
	(MM/pd/yyyy)
City	State Zip." Code
Description of Debt	
Name of Greditor	Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED #\$
	[MM/dd/YYYY]
City	State Zip Code
Description of Debt ()	次於於於國際部