

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)	Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Bre	ent Davis				
Street Address	525 Indiana Drive					
City Erie		State	PA	Zip Code	16505	
Type of Report (Place x under report type)						4.
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		- 2 nd Friday Pre- Election	6- 30 Day Post Election	The state of the s	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	1991 241 (27 20 20 20 20 20 20 20 20 20 20 20 20 20	3,500,000,000,000,000,000,000		X		
Date Of Election (MM/DD/YYYY) 11/02/2021	Year	2021	Amendment Report	3 	Termination Report	
Summary of Receipts and From Date	To Date			For O	ffice Use Only	
Expenditures 11/23/2021	12/31	1/2021				
A. Amount Brought Forward From Last Report	148	86.00				
B. Total Monetary Contributions and Receipts (From Schedule I)	585	50.00				
C. Total Funds Available (Sum of Lines A and B)		36.00				**************************************
D. Total Expenditures (From Schedule III)		37.74			rin Line	
E. Ending Cash Balance (Subtract Line D from Line C)	34.07	98.26		•		(p.3
F: Value of In-Kind Contributions Received (From Schedule II)	\$ 10 m	00.00			÷	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 447	00.00			ر الله الله الله الله الله الله الله الل	\$ 7
		Affidavit Se			C.P.	ČĎ
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta				lge and belief tru	e, correct and compl	ete.
Sworn to and subscribed before me this	• •		Religi	12	1)	
day of20	- [_	Signature	of Person Submit	ting report	
Signature ·	-	KC	bin L Malliard	Printed Name		
My Commission expires	• •	81	.4	720-2	236	
MO. DAY YR.			Area Code	Dayti	ime Telephone Numi	ber
Part II- If this is a report of a Candidate's Authorized	Committee, candida	ate shall sign h	ere.			
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 of20	- '	_		antiuro et Condida		
Signature of Candidate Brenton Davis						
Signature	, 1	8.	L4	Printed Name 969-821	15	
My Commission expires MO. DAY YR.	<u></u>		rea Code		ne Telephone Numb	er

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receip	pts-\$50.00 or Less per Contributor	

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	19 Y	
Total for the reporting period (1)	\$	100.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part B)	\$	750.00
Total for the reporting period (2)	\$	750.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	5000.00
Total for the reporting period (3)	\$	5000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	100 G	
Total for the reporting period (4)	\$	0
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)	\$	5850.00

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				
			Pyr Control of the Co	Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	200			<u> </u>
House # Street Ad	ldress		Date [MM/OD/YYYY] \$	
		Do- Marine Company		
СКУ	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				· · · · · · · · · · · · · · · · · · ·
House # Street Ad	Idress		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] S	
Full Name of Contributing Committee				T*
House # Street Ad	Idress		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
FPSTD4F				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	fdress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Ad	idress		Date [MM/DD/YYYY] \$	
City	State	. Zip Code	Date [MM/DD/YYYY] S.	
Full Name of Contributing	80885888		Date [MM/DD/YYYY] \$	
Committee				
House # Street Ad	ddress		Date [MM/DD/YYYY] S	
	"##### \$_453.64			
City	State	Zip Code	Date [MM/DD/YYYY] 5.	

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/XXXV) \$
² Vivian McCullum	12/23/2021 100.00
House:# Street Address	Pate (MM/DD/AAYA) \$
Burns Ave.	
City. State PA 16504	Date (MM//DD///YYY)
Full Name of Contributor	Date (MM//DD/////M)
James McBrier	12/13/2021
House # Street Address 1929 Sourth Sobre Drive	/Date (MW/DD/XXXX) \$
Sourth Sohre Drive	
City State 2 2 Code 16505	(Date (MM/Jele/AVAVI) 5
Full Name of Contributor	(Date MM/(DD/MMM))
John Barber	12/13/2021 100.00
House # Street Address 4895 Thoroughbred Loop	Date [MM/DD/XXX] \$
4895 Thoroughbred Loop	
City State Zip Code	Pare MM/OD/AWAYIA (\$
Erie PA 16506	
/FullfName of Contributor	Date (MM/DD/MYYY) 5
Edwin W. Smith	12/22/2021
House:# Street Address	(Fate)(MM/ADD/ANNA) S
5274 West 53rd Street	
City State Zip Code PA 16415	*Date (MM/DD/****)
Füll Name of Contributor	Date [MM/DD/XXXX]
Christopher Hillling	12/1/2021
House # Street Address	Date (MM/DD/AAAA)
630 Virginia Ave.	
Gity State PA Zip.Code	Date (MM//DD//YYYY) \$
Erie 16505	
Full Name of Contributor	Date [MM//DD//\\\\] \$
Mitch Clark	12/21/2021
House # Street Address	Date [MM/DD/AYYO] \$
529 Rachel CF	
City State Zip Code	Date [MM/DD/1717] \$
Erle PA 16509	

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.

Fleridentification Number:				
Rull Name of Contributing Committee			(DAITE)[MM/OD/MMM) S	
House# Street:/	Address		Date (MM/(00/AYAY) \$	
City	State	Zip-Cade	Date [MM/00/YYYY] S	
Full Name of Contributing Committee	85/892/9789/21	HANNELSANDONISTINASSIDEN	Date((MM/db///WA)) S	
House# Street /	Address		Date (MIN//DD//Y/Y/) \$	
Gity.	State	Zip Code	Date [MM/DD/YVV) \$	
Full Name of Contributing Committee	115度保存率及管理		иозедымиромумы за	
House'# Street /	Address		Date [[MM/DD/AYEY]] . S	
City.	State	Zip Gode	Date [MIV/DD/YYYY] . \$	
Full Name of Contributing Committee			Pate (MIN/APP/AYAYA) S	
House # Street A	Address		Date {MM/DD/AYAYA	
City	State	Zip Code	Date (MM/DD/MMM) S	-
Full Name of Contributing Committee:			Date (MM/DD/AAA) - \$	
House# Street A	Address		Date [MN//DD//4546] S	
Giv	State	Zip Code	Date (MIXI/PD//YXY)	-
Full Name of Contributing Committee			Date (MM/Db/MMM) S	
House # Street /	Address		Date [MM/DD//M/M] .\$	
City	State.	Zip Code	/Date (MIM/DD//////) S	

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/OD/YYY)	1000.00
Julia Herzing	g and Timothy Wachter	12/21/2021	1000.00
House # Street Address		Date (MM/DD//Y6YI)	
120	West 10th Street		
City Erie	State PA Zip Code 16501	Date (MM/DD/YYYY) \$	
Employer Name	Knox McLaughlin Gornall & Sennett, P.C.	Occupation Lawyer	
Employer Mailing Address:/ Principal Place of Business	120 West 10th Street, Erie, PA 16501		-
Rull Name of Contributors		DATE (MM/OD/AMA)	
John Ferrett	í II	12/18/2021	1000.00
House #/ Street Address		Date (MM/DD/YYYY) \$	
1237	St. Marys Drive		
· Gity 公元,Erie	State PA Zip Code 16509	Date (MM/DD/XXXX) \$	
Employer Name	Seminario Antonio Anto	Occupation	SAL
Employer Mailing Address:// Principal Place of Business			
EulliNamezer Contributor		seath miniodainni e	
George Curr	rie	12/14/2021	1000.00
House # Street Address		Date (MM/DD//MM/)	
4802	Wolf Road		
City Erie	State Zip Code PA 16505	Date (MM//DB/XYYY)	
Employer Name		Occupation	
Employer Mailing Address / 12	Retired		
Principal Place of Business			
Full Name of Contributor:		Date (MM/DD/M/M)	
John Hilbert	t	12/27/2021	500.00
Hause# Street Address		- Date (MN//DD//YYY) S	
7900	West Ridge Road		
City, Fairview	State Zip Code 16415	Date [MM/OD/YYYV)	
Employer Name	PHB INC.	Occupation President/CEO	
Employer Mailing Address / Principal Place of Business	7900 West Ridge Road, Fairview, PA 16415		

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)

Kilestoepitheation Numbers

Rull Name of Contributors			patelimin/op/sssss	
William H			12/27/2021	500.00
House # Street Addres 2012	East 33rd Street		Date (MM/DD/YYYY)	
City Erie	State: PA	Zip Code 16510	Date (MM//06)AWWI	
Employer Name	Reddog Industries Inc.		Occupation President/CEO	550
Employer Mailing Address /	2012 East 33rd Street, Erie,	PA 16510		
Reindipal Riacelor Business Revil Name of Contributor			Date (MM/PD/XYYY)	
Matt and	Karen Clark		12/27/2021	1000.00
House # Street Addres	Rachel CF		Pate [MM/DD/MMM]	
City. . Erie	State PA	Zip Gode 16509	Date (MM/OP/YYY)	82 } }
Emplöyer Name	Humes Chrysler Dodge Jeep	2 & Ram	Occupation President	
Employer Mailing Address / Principal Place of Business	1010 Route 19 North, Wate	erford, PA 16441	3.7 1992 and reading simple methods (2014)	
Full Name zidGontributor.	CONSI		derennin/adio/adam/jissa/	3
	224		Date (MM/DD/MAN)	
House#1 Street Addres	35		CAR (WIII/JO/ARDIE	
Fire	State	Zip Code	Date (MM/DD/MM)	\$
Employer Name			Occupation	
Employer Mailing Address// Principal Place of Business				
Full Name of Contributor			REPETURENTY I E EYAARA'S E	
Höuse# Street Addre	95		(Date IMM/DD/YYYY)	
City	State	Zip Code		
Employer Name:	[Figure 20142]	TOTAL STATE OF THE	Orcupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

J
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SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:			
EXECUTOR INCOME.			
I, GNITENTIZEU IN-KINDECE	INTRIBUTIONS RECEIVED VALUE OF	Salviuu u	R (BSS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS	RECEIVED VALUE OF \$50.01 TO \$	250.00 (FF	(OM(PART))
TOTAL for the reporting period	(2)	\$	
3) IN-KIND CONTRIBUTION	REGENTED VALUE OVER \$250(00)(E	ROM PAR	T.G)
TOTAL for the reporting period	(3)	\$	600.00
TOTAL VALUE OF IN-KIND CONTRIE PERIOD (Add and enter amount to		1 ' 1	
on Page 1, Report Cover Page, Iten		1 1	600.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filekidentification Num	ier.				-
Full Name of Contribu	itor			Date [MM/DD/YYYY] -S	With the state of
House #	Street Address	· · · · · ·		Date (MM/DD/YYYY) \$	
Gity		State	Zip/Gode'	Date (MM/DD/XYXX) 5	
Description of Contrib	oution				
Full: Name of Contribu				Date [MM/Jod/M/M] \$	14
	Street Address			Date [MM/DD/YYYY] \$	
City	A-2-100 d-2-10-	State	Zip Code	Date (MM/DD/AVAV)	
Description of Contrib	oution				
Fill Name of Contribu				Date (MM//bib/Ayey)	
House #	Street Address	100 Section 1	Technological and control and	Date (MM/DD/AMM) \$	
City Description of Contrib		State	Zip Code.	Date (MM/DD/XYYY) \$	
Full Name of Contribu	for			Date (MM/DD/AAAA) S	•
House #	Street Address			Dares (MIVI/DD/sYAV)	
Clry.		State	Zip Code	Date (MM/OD/AVVV) [15	(전)
Description of Contrib					
Full Name of Contribu				A DECE (MM//DD//NS/N)	
House #	Street Address	Magazini.		Date (MM), bb/, xxxx/i/ \$	
City		State	Zip Code	Date [MM/DD/AWAA]	Fig.
Description of Contrib	oution				

SCHEDULE II

Part G

Eller identification Number

In-Kind Contributions Received

VALUE OVER \$250

		-
Full Name of Contributor Roger Richard		Date (MM/DD/XXXX) \$ 600.00
		12/08/2021 \$ Date [MM/DD/YYYY] \$
	est 6th Street	Date ((AMA) DD/) FI A 2
Gley Erie	State PA Zip Code 16507	Date [MM/DD/AYYY]
Employer Name	Richards & Associates	Occupation: President
Employer Mailing Address / Principal - Place of Business	230 West 6th Street, Erie, PA 16507	Oescription of Pennsylvania Society Dinner Contribution
Hull:Name of Contributor		Sparie (Kiliti/Job/Attition)
House # Street Address		Date (MM/9D/AYY)
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation #
Employer Mailing Address // Principals Place of Business		Description oft: Contribution.
Full Name of Contributor,		Poste (MM/PD/MYM) S:
Prouse:# Street Address		Date (MM/DD/YYYY) \$-
Gh y	State Zip Code	Date (MM/DD/WW)
Employer Name		Occupation
Employer Malling Address / Principal Place of Business		Description: of Contribution
Full Name of Contributor		/ Data (MIM/OD//YXXI) S
House # Street Address	INSTANTAL LANGUAGE	Date (MM/DD/YYY) \$
Chy	State Zip.Code	Date [MM/QD/XYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer (dentification Number:	 		

To Whom Paid	Date (MM/DD/YYYY) \$
ColdSpark	11/30/2021 507.20
House # 307 Street Address Fourth Ave. 14th Floor	Description of Expenditure
City Pittsburgh State PA Zip Code 15222	Business Cards
To: Whom Paid PNC Bank	Date [MM/DD/YYYY] \$ 309.00
	12/01/2021
House # Street Address West 8th Street	Description of Expenditure
City Erie State PA Code 16505	Service Charge
To Whom Paid Printing Concepts	Date [MM/DD/YYYY] \$ 1097.81
	12/28/2021
House # 4982 Street Address Pacific Ave.	Description of Expenditure
City Erie State PA Zip Gode 16506	Invite Package
To Whom Paid ColdSpark	Date [MM/DD/YYYY] \$ 4500.00
	12/28/2021
House # 307 Street Address Fourth Ave. 14 Floor	Description of Expenditure
City Pittsburgh State PA Code 15222	Build Website
To Whom Paid ColdSpark	Date(MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ColdSpark	12/28/2021 356.74
ColdSpark House # 307 Street Address Fourth Ave. 14 Floor	956 74
ColdSpark House:# Street Address	12/28/2021 356.74
ColdSpark House # 307 Street Address Fourth Ave. 14 Floor City State Zip	12/28/2021 356.74 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/QD/YYYY] \$
ColdSpark House # 307 Street Address Fourth Ave. 14 Floor City Pittsburgh Paypal Paypal	12/28/2021 356.74 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/DD/WYY] \$ 12/27/2021 666.99
ColdSpark Cold	12/28/2021 356.74 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/QD/YYYY] \$
ColdSpark House # 307 Street Address Fourth Ave. 14 Floor City Pittsburgh Paypal Paypal House # Street Address	12/28/2021 356.74 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/DD/WYY] \$ 12/27/2021 666.99
ColdSpark House # 307 Street Address Fourth Ave. 14 Floor City Pittsburgh State PA Zip Code 15222 To Whom Paid Paypal House # 2211 Street Address North First Street City Colds PA Code 15222	12/28/2021 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/QD/YYYY] \$ 12/27/2021 Description of Expenditure
ColdSpark ColdSpark ColdSpark ColdSpark ColdSpark Street Address Fourth Ave. 14 Floor City Pittsburgh PA Code 15222 Code Code Code Code City Code City San Jose CA Code Code State CA Code	12/28/2021 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/QD/WYY] \$ 66.99 Description of Expenditure Fees
House # 307 Street Address Fourth Ave. 14 Floor City Pittsburgh Paypal Paypal House # 2211 Street Address North First Street City San Jose CA Zip Code 95131 To Whom Paid	12/28/2021 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/DD/YYYY] \$ 12/27/2021 Description of Expenditure Fees Date [MM/DD/YYYY] \$
ColdSpark Cold	12/28/2021 Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/DD/YYYY] \$ 12/27/2021 Description of Expenditure Fees Date [MM/DD/YYYY] \$
ColdSpark ColdSpark Street Address Fourth Ave. 14 Floor	Description of Expenditure Miles and Hotel for Dennis Roddy Date [MM/QD/YYYY] \$ 66.99 Description of Expenditure Fees Date [MM/DD/YYYY] \$ Description of Expenditure

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 Identi	tification Numb	er:							
Name of	Creditor 🤄	A Mary	Brenton Dav	vis				200	utstanding Balance of Debt.
House #	609	Stree	et Address	East Gore Road	Part College		E DEBT INCURRED MM/DD/YYYYI 03/02/2021	Ş	
City			Erie	<u></u>	State	PA	Zip Code 16509		500.00
Description of Debt Loan							Segment grave and	Transfer of the	
Name of	f Creditor	and the second	Brenton Dav	wis				0	utstanding Balance of Debt.
House #	609	Stre	eet Address	East Gore Road		PC 15 F 15 F 22 TO SEC 10	TE DEBT INCURRED [MM/DD/YYYY] 30/21/2021	\$	The state of the s
City		100	Erie		State	Pa	Zip Code 16509	7	5,500.00
Description of Debt Loan						Applicable and construction of the second	is constant		
Name of	f Creditor		Brenton Da	avis	-			0	utstanding Balance of Debt
House#	609	Stre	eet Address	East Gore Road			TE DEBT INGURRED [MM/DD/XXYYY] 05/10/2021	\$	A COLOR OF THE COL
City	1		Erie		State	PA	Zip Code 16509		700.00
Descript	tion of Debt			Loan	A CONTRACTOR OF THE PROPERTY O			1(37e-s ₂	<u> </u>
Name of	f Creditor		Brenton Da	avis				0	outstanding Balance of Debt
House#	609	Stre	eet Address	East Gore Road		The second of th	TE:DEBT/INGURRED [MM/DD/YYYY] 06/16/2021	\$	
City			Erie	<u> </u>	State	PA	Zip Code 16509	1	10,000.00
Descripti	tion of Debt	Section 1		Loan	Production Commence of		Was have the same of the same	سننكشا	
Name of	f Creditor		Brenton Da	avis	the state of the s			0)utstanding Balance of Cebt
House #	609	Stre	eet Address	S East Gore Road		900000000000000000000000000000000000000	TE DEBT'INCURRED [MM/DD/YYYY]	3	

State

State

Erie

Street Address

Erie

Brenton Davis

Loan

Loan

East Gore Road

Description of Debt

Name of Creditor

609

Description of Debt

House #

City

09/29/2021

DATE DEBT INCURRED

[MM/DD/YYYY]

10/27/2021 Zip Code

16509

16509

18,000.00

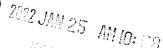
10,000.00

Outstanding Balance of Debt



Pennsylvania Department of State

Pennsylvama Popularia Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
2022 JAN 25
AM 10: 18



Unsworn Declaration in Lieu of Sworn Statement for **Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday • Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Special Election		-	cle 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)