

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 Brent Davis							
Street Address	525 Indiana Drive							
City	Erie	State	PA	Zip Code	16505			

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)	11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report	\$	1486.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5850.00	
C. Total Funds Available (Sum of Lines A and B)	\$	7336.00	
D. Total Expenditures (From Schedule III)	\$	6837.74	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	498.26	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	600.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	44700.00	

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

_____ day of _____ 20____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Person Submitting report
Robin L Malliard

Printed Name

814

Area Code

720-2236

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____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Candidate
Brenton Davis

Printed Name

814

Area Code

969-8215

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)	\$	100.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)		\$	0
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)

Total for the reporting period	(4)	\$	0
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>			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											
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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					Vivian McCullum					Date [MM/DD/YYYY]		12/23/2021		\$		100.00			
House #		2816		Street Address			Burns Ave.			Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16504		Date [MM/DD/YYYY]				\$			

Full Name of Contributor					James McBrier					Date [MM/DD/YYYY]		12/13/2021		\$		100.00			
House #		1929		Street Address			South Sohre Drive			Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16505		Date [MM/DD/YYYY]				\$			

Full Name of Contributor					John Barber					Date [MM/DD/YYYY]		12/13/2021		\$		100.00			
House #		4895		Street Address			Thoroughbred Loop			Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16506		Date [MM/DD/YYYY]				\$			

Full Name of Contributor					Edwin W. Smith					Date [MM/DD/YYYY]		12/22/2021		\$		100.00			
House #		5274		Street Address			West 53rd Street			Date [MM/DD/YYYY]				\$					
City		Fairview		State		PA		Zip Code		16415		Date [MM/DD/YYYY]				\$			

Full Name of Contributor					Christopher Hilling					Date [MM/DD/YYYY]		12/1/2021		\$		100.00			
House #		630		Street Address			Virginia Ave.			Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16505		Date [MM/DD/YYYY]				\$			

Full Name of Contributor					Mitch Clark					Date [MM/DD/YYYY]		12/21/2021		\$		250.00			
House #		529		Street Address			Rachel CF			Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16509		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:	
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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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Julia Herzing and Timothy Wachter					12/21/2021		\$	1000.00
House #	120	Street Address	West 10th Street		Date [MM/DD/YYYY]		\$	
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			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
John Ferretti II					12/18/2021		\$	1000.00
House #	1237	Street Address	St. Marys Drive		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]		\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
George Currie					12/14/2021		\$	1000.00
House #	4802	Street Address	Wolf Road		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$
Employer Name					Retired		Occupation	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
John Hilbert					12/27/2021		\$	500.00
House #	7900	Street Address	West Ridge Road		Date [MM/DD/YYYY]		\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]		\$
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)

Filer Identification Number	
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Full Name of Contributor William Hilbert					Date [MM/DD/YYYY] 12/27/2021		\$ 500.00
House # 2012	Street Address East 33rd Street			Date [MM/DD/YYYY]		\$	
City Erie	State PA	Zip Code 16510		Date [MM/DD/YYYY]		\$	
Employer Name Reddog Industries Inc.				Occupation President/CEO			
Employer Mailing Address / Principal Place of Business 2012 East 33rd Street, Erie, PA 16510							
Full Name of Contributor Matt and Karen Clark					Date [MM/DD/YYYY] 12/27/2021		\$ 1000.00
House # 529	Street Address Rachel CF			Date [MM/DD/YYYY]		\$	
City Erie	State PA	Zip Code 16509		Date [MM/DD/YYYY]		\$	
Employer Name Humes Chrysler Dodge Jeep & Ram				Occupation President			
Employer Mailing Address / Principal Place of Business 1010 Route 19 North, Waterford, PA 16441							
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, 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.

Filer Identification Number									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
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**

Elder Identification Number	
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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)	\$ 600.00

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)		\$ 600.00
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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]	\$	
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

Filer Identification Number:	
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	600.00
Roger Richard				12/08/2021			
House #	230	Street Address	West 6th Street		Date (MM/DD/YYYY)	\$	
City	Erie	State	PA	Zip Code	16507	Date (MM/DD/YYYY)	\$
Employer Name				Richards & Associates		Occupation President	
Employer Mailing Address / Principal Place of Business				230 West 6th Street, Erie, PA 16507		Description of Contribution Pennsylvania Society Dinner	
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		ColdSpark		Date [MM/DD/YYYY]		\$ 507.20	
				11/30/2021			
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	Zip 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 Code	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	Zip Code	15222	Build Website	
To Whom Paid		ColdSpark		Date [MM/DD/YYYY]		\$ 356.74	
				12/28/2021			
House #	307	Street Address	Fourth Ave. 14 Floor		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15222	Miles and Hotel for Dennis Roddy	
To Whom Paid		Paypal		Date [MM/DD/YYYY]		\$ 66.99	
				12/27/2021			
House #	2211	Street Address	North First Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Fees	
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		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	500.00
					03/02/2021				
City	Erie	State	PA	Zip Code	16509				
Description of Debt		Loan							

Name of Creditor		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	5,500.00
					30/21/2021				
City	Erie	State	Pa	Zip Code	16509				
Description of Debt		Loan							

Name of Creditor		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	700.00
					05/10/2021				
City	Erie	State	PA	Zip Code	16509				
Description of Debt		Loan							

Name of Creditor		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	10,000.00
					06/16/2021				
City	Erie	State	PA	Zip Code	16509				
Description of Debt		Loan							

Name of Creditor		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	18,000.00
					09/29/2021				
City	Erie	State	PA	Zip Code	16509				
Description of Debt		Loan							

Name of Creditor		Brenton Davis						Outstanding Balance of Debt	
House #	609	Street Address	East Gore Road			DATE DEBT INCURRED [MM/DD/YYYY]		\$	10,000.00
					10/27/2021				
City	Erie	State	PA	Zip Code	16509				
Description of Debt		Loan							



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

2022 JAN 25 AM 10:18
EDUCATION
TREASURY

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 Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-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.

Robert L. Mallard
Signature of Treasurer, Candidate, or Lobbyist

1-25-22
Date (DD/MM/YYYY)

Robert L. Mallard
Printed Name

Erie Pa USA
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.

A handwritten signature in black ink, appearing to read 'Brenton D. Davis', written over a horizontal line.

Signature of Treasurer, Candidate, or Lobbyist

A handwritten date '01/25/2022' in black ink, written over a horizontal line.

Date (DD/MM/YYYY)

A handwritten printed name 'Brenton D. Davis' in black ink, written over a horizontal line.

Printed Name

A handwritten location 'Erie PA USA' in black ink, written over a horizontal line.

Location (City/State/Country)