

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Manager Production Control of the Co	10000 NO. 1000 11-100	1.20.0000112.0000112.00002.2000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Filer Identification Number	Report Filed I ( Mark X)	By Candida	te 📈	Committee		Lobbyist
Name of Filing Committee, Candidate Lobbyist	Brenton Davis					
Street Address	609 East Gore R	oad				
<b>City</b> Erie		State	PA	Zip Gode	16509	
Type of Report (Place x under report t	ype)	,				
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 (			6-30 Day Post	7-Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Prima	ry Pre-Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 11/0:	Year 2/2021	2021	Amendment Report		Termination Report	
Summary of Receipts and From	Date To Date	e		For C	Office Use Only	
Expenditures	/23/2021 12	2/31/2021				
A. Amount Brought Forward From Las	st Report \$	0	er (1995) er en			
B. Total Monetary Contributions and (From Schedule I)	Receipts \$	0			KP-11 1	1000 1000 1000 1000 1000
C. Total Funds Available (Sum of Lines A and B)	\$	0			Provided the second of the sec	Facility of the Control of the Contr
D. Total Expenditures (From Schedule III)	\$	0				<u>0</u>
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0				Print to the second sec
F. Value of in-Kind Contributions Reco (From Schedule II)	lived \$	0			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	첫
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				C.t.
		Affidavit Sec				
Part 1- If this is a Committee report, treasured is swear (or affirm) that this report, including				ge and helief tr	ue correct and comple	to
Sworn to and subscribed before me this	6 1110 011001100 001100001000		N 1	$\sim \langle O \rangle$	20, 001/02: 21/2 00/mp/c	
day of20_			122	بكريار		
	<b> </b>	Bre	Signature ( enton Davis	of Person Submi	itting report	
Signature				Printed Name	3	<del></del>
My Commission expires		81	4	969-8	3215	
MO. DAY	YR.	A	rea Code	Day	time Telephone Numb	er
Part II- If this is a report of a Candidate's A	<u> </u>					
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_	1					
			Sigr	nature of Candid	ate	
Signature	. 1			Printed Name		
My Commission expires	YR.		rea Code	 Davti	me Telephone Numbe	 r
	•••			23711		-

# Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number	<del></del>	
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	The second second	
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	in of the	
Contributions Received from Political Committees (Part A)	and the second second	\$
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)	and the state of t	\$
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)	\$ en er er er en statet er er er er en etter ett er
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, Re		\$

Cover Page, Item B)

#### 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				
	e di conservato di Salandi (Salandi Salandi Salandi Salandi Salandi Salandi Salandi Salandi Salandi Salandi Sa			· · ·	Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee	A CONTRACTOR				
House#	Street Address			Date [MM/DD/YYYY] \$	
					<del></del>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	200 May 1867		Date [MM/DD/YYYY] \$	
Committee	adbe .				
House #	Street Address			Date [MM/DD/YYYY] \$	
				And the second s	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<del></del>
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
CIES (		**************************************	The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
	1000	AND THE RESIDENCE	State of the transfer of the t		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	At Marie Resident			Date [MM/DD/YYYY] \$	1 <del>1 </del>
Full Name of Col Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
# # # # # # # # # # # # # # # # # # #	Suret Address			7	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	- <del></del>
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
Christ		\$ 6 5 5 5 5 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	712	PAGE BASE AND ADDRESS OF THE PAGE AND ADDRESS OF THE P	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		ja vari			

# 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.)

File dentification Number

Full Name of Contributor			(Date (MM/DD/YYYY)	
Housel#. Street Address			Date [MIM/J00//YY/Y) S	
City	State	Zip.Code	Date [MM/DD/\\\)	
Full Name of Contributor	1-5/2019-0000-05/2019-05/1	Fundament Militation of Sept. Man 2011	#DERGE EVERY//PID/AMMA/)	
House # Street Address			Date (MM//DD/AAAA)	
City	State	Zip Code.	Date (MM/OD/M/M)	
Euill Name of Contributor	[Interpolation and ]	A THE SECOND CONTROL OF THE SECOND SE	@Date((MM/9)D/AMM)  25	
Hause # Street Addres			Date:[MM/DD/YYYY]	
City.	State	Zip Code	pate MM/pp/xxf//	
Full Name of Contributor	(整整理學家科達)		Date (MM/DD/XXXX)55	
House # Street Addres		· · · · · · · · · · · · · · · · · · ·	#Date [MM/DD/YYYY] 3	
City .	State	Zip Code	Date (MM/OD/MM)	
Full Name of Contributor			ADATC INIM/OD/AAAA() (5)	
House # Street Address			Date [MM/DD/YYYY] \$	
City	Sec	Zip Code	Date (MM//DD/XXXX)	
Full Name of Contributor			(Date)(MM/OD/MMM)	
House # Street Address			Date:(MM//DD/AAAA) S	
City	State	Zip Code/	» Pate [MM//DD//YYY/) 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 a

Eull Name of			MOETT HICKLINADO JANANA RAMEN	
Contributing Committee				
House # Street Addres			Date (MM//DD//YYY) \$	
City	State	Zip Code	Date (MIV/DD/YYYY) \$	
Full Name of			Date (MM/DD/AYYY) \$5	
Contributing Committees			Pate It will (Park )	
House # Street Addres	Ś		Date (MM//DD//YYY) \$	
City.	State	Zip Code	Date [MM/DD/YYYY] .\$	
Eul Name of			Date (MM//dd///A//)	
Contributing Committee				
House # Street Addres	Š		Date (MIN//DD//Y/A//) \$	
Sity.	State	Zip Code	/Date [MM/DD/YYYY] . \$	
Full Name of Contributing committee	100 000/2000	Carpy and a sample against	PETCHIMINI/POWAYANA S	*
House # Street Addres:	<b>S</b>		Date [MM/DD/XXXX) \$	
City /	State	Zip:Code#	Date (MM/DD/YYYY) S	
Full Name of Contributing Committee	1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	File and the American State of	Date [MM/DD/MYY]	
House #   Street Address			.Date [MIN/DD//YYYY] \$	
Gity	State	Zip Code:	Date [MM/DD/YYYY] ; \$	<u> </u>
Full Name of Contributing Committee	None and the state of the state	1. Samuelo Salvania de la Agrada (A. 1914)	Date [MIV/DD//YYY/]	
House # Street Address	A Company		Date (MM/DD/MYY) S	
City	Stare	/Zip/Code	Date (MM/DD/YYYY) 5	- 11 - 12 - 12

#### 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/0D/MM)
House # Street Address			Date (MM/(86/)YYYY)
City Employer Name	State	Zip:Gode	Date (MM/DD/YYYY) \$
Employer Mailing Address / Principal Place of Business			
.Full Name of Contributor			Date [MM/DD/YYAY]
House# Street Address	Farman effect through [	Books 2006/Califoliu (SORAS) Alba	Date (MM/DD/YYYY) S
City:	State	Zip Gode	Date [MM/OD/YYYY] \$  Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date (MM/pD/AAAM) \$
House # Street Address		index and information are information	Date (MM/DD/YYYY) \$
City Employer Name	State	Zip Goda	Date (MM/DD/YYYY) \$ Occupation
Employer Mailing Address /. Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYY] \$
House'# Street Address	Luggi noshoz giqa	The constitution of the co	Date (MM/DB/XXXX) \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Cocupation

#### 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:				
Füll Name				
House # Str	eet Address	Si ica	PAD (	Date (MM/DD/MYY)
Receipt Description			Code	
Full Name				
197	eet-Address	14 was distance for	Borizas Statistas statis	Portugues on the second
City  Receipt - Description		State	Zip Code	Date(IMM/DD/YYYY) S
Full Name				
House # Str	eet:Address			
G ty		State	Zip , Gade	Date:(MM/DD/:YVY) S
Receipt Description				
Full Name  House # Str	egy/dddr-ss	<del> </del>		
City <sup>14</sup>		State	Zíp Code	/Date/(MM//DD//MYY)
Receipt Description				
Full Name /				
City City	eet Address	State	Zip Code	Date (MIN/ADD/ANNY) S
Receipt Description			Code	
Full Name				
House#. Str.	eet/Address	State		
Receipt Description		3.00	Zip Code	Date (MM//DD/YYYY) \$

#### 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:				
HADELKATZEN MEZININGENDE		ALUETOFESSO OF GRATESSIPER	220 TNO 11750	Secretary 10 to 15 to 15 to 15 to 16 to
TOTAL for the reporting period	(1)	\$	CONTRIBUTOR	
DESIGNATION OF THE PROPERTY OF			valuumeli pana iriken saasi lani eng isiga paasi libisi pana libisi p	
2: IN-KIND CONTRIBUTIONS:RE	(2)	\$	<b>)</b>	
3: IN-KIND CONTRIBUTION REC	GEIVED-WALUE OVER \$25	50:00 (FROM PARTIG)		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;			

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Jaentification Num	ber a		ALUE 01 930.02 10 9230		
Full Name of Contrib	utor.			MERICH (MIM/LEIP)AA666	<b>\$</b>
House #	Street Address			Pale MM/DD/YYYM	
City		State	Zip Gode	Date [MM/DD/YYYY]	\$   
Bescription of contri	oution.				
Full Name of Contribu	ittol				\$
House #	Street Address			*Date(IMM/DD/AAAA)	
Gity		State	Zip Code	Data IMM/DD/AVAVA	
Description of Contri					
Full Name of Contribu	utor			Date (MIM/DB/AAXA)	\$
House #	Street Address			Date MM/DD/XYXX	\$
City	V(x-2-2-11-3/1/2-3-1-11-11-11-11-11-11-11-11-11-11-11-11	State	Zip Code	Date: [MIM/DD//AAA4]	
Description of Contrib					
Full Name of Contribu	itor			Date (MIM/DD/AXA)	<b>(\$)</b>
House #	Street Address			Date (MM/DD/AAAA)	
Gity		State	Zip Code	Date [MM/OD/AVYVI]	8
Description of Contrib	dated				
Full Name of Contribu	itor			ADEXTERNMY/DEP/ANANG	<b>5</b>
House #	Street Address				( <b>S</b> =
City	Longer Fredrich Branco Berleft Verrest	State	Zip Code	Date (MM/DD/AMA)	**
Description of Contril	littion				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Flier Identification Number:	
Full Name of Contributor	©DATE (IMIW/JUD/ACAN)

Füll/Name/of:Contributor		»Date;[MM/J0D//YAYY]
House:# Street:Address		/ Date [MM/OD/Y/YY]
City	ZIp.Code	Date [MM/DD/YYYY] \$
Employer Name	清·西尔特特斯克·根斯斯的伦理斯特尔。	Oscipation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		(Date(MM/DD/MM)) \$
House# Street Address		Date (MM/DD/MM)
City State	Zip Code	Date (MM/DD/XXXX)
Employer Name	Participant Control of the Control o	(Occupation)
Employer Mailing Address / Principal Place of Business		Description of Contribution
Füll Name of Conttibutor		Date (MM)(DD/ANYM) \$
House:# Street Address		Date (MM/DD/XXXX)
City, State	.Zip:Cotle	Date [MM/OD/XXXX] \$
Employer Name		(Occupation:
Employer Mailing Address // Principal Place of Business		Description  of  Gontribution
Full Name of Contributor		» Đặca (MIЙ/DD/MYYY)
House #. Street Address		Date (MM/AD//YYY)
City State	Zip Code	Date [MM/DD/NYYY] \$
Employer-Name		Occupation
Employer Malling Address / Principal Place of Business		Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:				

To Wrom Paid				Date [MM/DD/YYYY]	5
Housei	Street Address			Description of Expendi	iùre
CI6y	Paragramman	State	Zip. Code	English Hall And Andrews	
To Whom Pald	· · · · · · · · · · · · · · · · · · ·			Date (MM/DD/AXXX)	* <b>\$</b>
House:#	Street Address			Description of Expendit	ure
City.	FOLIAGA	State	ZIP Code	Market Victoria Control of Contro	TO SHARE THE SHARE S
Te Whom Paid				Date (MM/DD/YXX)	
House #	Street Address			Description of Expendit	üre
City		State	Zip Code	The Control of Control	(200) XXXIII XXXII X
To Whom Paid				Date [MM/DD/XXXX]	
House #	Street Address			Description of Expendit	ure
Calify		State	Zip Code	Tellin many services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services are services and the services are services are services are services are services are s	Westerman
To Whom Pald				Space(MM/20/AAAA)	<b>\$</b>
House #	Street Address			Description of Expenditi	ure.
City		State	2(p Code		White the second
Fo Whom Paid					<b>\$</b>
House #	Street Address			Description of Expendit	ure,
City		State	Zip Code		
To Whom Paid					( <b>\$</b>
House#	Street Address	N TOOL TO RECEIPTANCE SEE	darka salvat konavyratu i	Description of Expendity	ure
City		State	Zip Gode		
To Whom Paid:				MANAGOANIMI STATE	\$
House #	Street Address			Description of Expenditu	Are .
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.

rilet identification Number				
Name of Greditor				Outstanding Balance of Debt
Rouse.# Str	reet Address	D	ATE DEBT INCURRED IMM/DD/YYYYI	5
City		State	Zip Code	
Description of Debt		MAN THE PARTY OF T	· · · · · · · · · · · · · · · · · · ·	1320889
Name of Creditor		Earl included a comment		Outstanding Balance of Debt
House# Str	eet Address	) Di	ATE DEBT INCURRED [MM/DD/YYYY]	•
Gity	and a constant of the state of	State	Zip Code	
Description of Debt				
Name of Creditor	eet Address		ATTERDEBITENGURRED	<ul> <li>Outstanding Balance on Debt</li> </ul>
<b>94</b>	**************************************		[MM/DD/YYYY]	\$ 14 \$ 14
City	The state of the s	State	Zip Code	
Description of Debt.  Name of Creditor				
	eet Address	E)	ATE DEBT INCURRED	Outstanding Balance of Debt
			[MM/DD/YYYY]-	
City  Description of Debt.		State	Zip Code	
Name of Creditor House # Str	eet Address	D/	ATIE(DEB)MINGURRED	Outstanding Balance of Debt
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt.				
Name of Creditor House # Stri	eet Address		ATEGOEBININGURRED	Outstanding Balance of Debt
Str	SEL AUUIES		[MM/DD/YYYY]	
Clty		State	Zip Code	
Description of Debt				



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:ra-stcampaignfinance@pa.gov">ra-stcampaignfinance@pa.gov</a>

2022 JAN 25 AM 10: 58

## 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.

lame of Filing C	ommittee, Car	ndidate, or Lobby	ist		
eporting Cycle	Name			in sa talaga sala Minying kanga	
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 Juesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6  D Day Post-Election	Cycle 7 Annual Report	Cycle 8  2 <sup>nd</sup> Friday Pre-Special Election		☐ 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.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)



**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)			