Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification20170281ReporNumber :Filed							CANDI	DATE	Γ						
	Committee, Candid	ate or Lo	obbyist:			-	AUSTIN I	DAVIS							
Street Address:															
City:	MCKEESPORT	-					State:	PA			Zip Co	de: 15	132		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.				30 D/ PRIM		POST- 3. X			AMENDI REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D/ ELEC		POST- 6.			TERMIN REPORT		Yes	No) 🗸
report type)	ANNUAL REPORT	7.					NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE/	AR		•	DEN	1	
							11		3	2020		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR		_	мо	DAY	YE/	AR	FC	OR OFFIC	E USE	ONLY	
			5 19	20	020 T	0 	6	2	2	2020	-				
	ought Forward From		•	Caba	d	\$				94.23	-				
	ary Contributions			1 Sche	aule I)	\$			90	00.00	-				
	Available (Sum Of					\$				94.23	-				
-	ditures (From Sch		-	<u></u>		\$				98.27					
	• Balance (Subtrac			-	le II)	\$			70,65	95.96 0.00	-				
	ts And Obligations		•		,	> \$				0.00					
				AFF	IDAVI		CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign					eport, ca	andid	ate sig	gn here.				
I swear (or affirm correct and compl) that this report, inc lete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium,	are to i	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	S	20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	ire				-					Prir	ited Name			
My Commission E	-	-				_					Ema	il			
	мо	D	AY	YR				Area	a Code	•	Daytin	ne Teleph	one Nu	mber	
	a report of a can) that to the best of r ed.				•			-		, provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subs	cribed before me this day of		20							S	ignature	of Candida	ite		
								Printed Name							
My Commission Ex	Signature pires							Email							
	мо	D	AY	YR		-		Area C	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF AUSTIN DAVIS From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 900.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 900.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 900.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report 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.

Name of Filing Committee or Candidate				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			From: To			D:				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	g Period					
FRIENDS OF AUSTIN DAVIS	FRIENDS OF AUSTIN DAVIS From:			<u>5/1</u>	<u>.9/2020</u>	То:	<u>6/22/2020</u>		
				DA		AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			
DUANE MORRIS LLP GOVERNMENT CC	MMITTEE						\$	300.00	
Mailing Address				6	16	2020			
City PHILADELPHIA	State	Zip Cod	e (Plus 4)	Ŭ	10	2020			
	PA	191034	016						
Full Name of Contributing Committee					DAY	YEAR			
BUCHANAN INGERSOLL & amp; ROONEY COMMITTEE FOR EFFECTIVE STATE GOVERNMENT			мо	DAT	TEAR	\$	300.00		
Mailing Address				6	2	2020	-		
City PITTSBURGH	State	Zin Cod	e (Plus 4)		_				
	PA	152191	. ,						
		152151	.410				_		
Full Name of Contributing Committee				мо	DAY	YEAR			
ENERGY LEADERS POLITICAL ACTION	COMMITTEE						\$	300.00	
Mailing Address	-			6	22	2020			
City IRVING	State	Zip Cod	e (Plus 4)						
	ТХ	750392	479						
		-						PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				n 3.				TAGE IVIAL	
	Julie 1, Detunied Sul	innur y Fo					\$	900.00	

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Rep				porting Period					
From:				n:		Т	Γο:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00		

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.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						\$		0.00	

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

Name of Filing Committee or Candidate	Reporting Period		
FRIENDS OF AUSTIN DAVIS	From:	<u>5/19/2020</u> То:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
F			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL			
			\$	0.0	0				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period						
FRIE	NDS OF AUSTIN DAVIS			From	<u>5/19</u>	9/2020	То:	<u>6/22/2020</u>			
					DATE			AMOUNT			
To WI	nom Paid			мо	DAY	YEAR					
PNC											
Mailin	ig Address			6	2	2020	\$	34.50			
City	PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	152013121	MERCH	ANT FEE						
To Whom Paid				мо	DAY	YEAR					
FRIENDS OF LISSA											
Mailing Address				6	22	2020	\$	250.00			
City ALLISON PARK State Zip Code (Plus 4)				Description of Expenditure							
PA 151010107				DONAT	ION						
To Whom Paid				мо	DAY	YEAR					
MEN	OF VALOR										
Mailin	ig Address			6	17	2020	\$	250.00			
City	SAINT LOUIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		МО	631302911	DONATION							
To Wi	nom Paid			мо	DAY	YEAR					
JULIE	HALLINAN										
Mailin	ng Address			6	17	2020	\$	2,250.00			
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-				
		PA	152322631	Q2 CON	ISULTING						
To WI	nom Paid			мо	DAY	YEAR					
AMAZ	CON										
Mailing Address			6	11	2020	\$	13.77				
City State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•					
				PRIME MEMBERSHIP							
F.e.t.	Taken Crand Takel of French diamag on Dans 1, Damage Course Dans , Itam D							PAGE TOTAL			
Entei	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,798.27			