### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on                   | 2022         | C0207     |                       |         |        | port   |                | CAND                     | DATE      | <b>√</b>  | CO      | MMITTEE             |                | LOBE         | SYIST     |                |
|-------------------------------------------|----------------------|--------------|-----------|-----------------------|---------|--------|--------|----------------|--------------------------|-----------|-----------|---------|---------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                          | Committe             | e, Candida   | ate or Lo | obbyist:              |         | AUS    | STIN   | DAVI           | IS                       |           |           |         |                     |                |              |           |                |
| Street Address:                           |                      |              |           |                       |         |        |        |                |                          |           |           |         |                     |                |              |           |                |
| City:                                     |                      |              |           |                       |         |        |        |                | State:                   |           |           |         | Zip Code            | e: 15          | 132          |           |                |
| TYPE OF<br>REPORT                         | 6TH TUES<br>PRE-PRIN | _            | 1.        |                       |         |        |        |                | 0 DAY POST- 3.<br>RIMARY |           |           |         | AMENDME<br>REPORT?  | NT             | Yes          | No        | <b>\</b>       |
| (place X to<br>the right of               | 6TH TUES             |              | 4.        | 2ND FRIDA<br>ELECTION | Y PRI   | E-     | 5.     | 30 DA<br>ELECT |                          | POST-     | 6.        |         | TERMINAT<br>REPORT? | TION           | Yes          | No        | <b>✓</b>       |
| report type)                              | ANNUAL               | . REPORT     | 7.        | <b>Year</b> 2022      |         |        |        |                | NG METH<br>CHECK O       |           |           |         | PAPER               |                | $\checkmark$ | DISKE     | TTE            |
| Name of Office S                          | Sought by            | / Candidat   | te:       |                       |         |        |        |                | DATE C                   | F ELE     | CTION     |         | District<br>Number  | Office<br>Code | Par          | ty Code   | County<br>Code |
|                                           |                      |              |           |                       |         |        |        |                | МО                       | DAY       | YEAF      | ₹       | -1                  | LTG            | DEN          | 1         | Code           |
| LIEUTENANT G                              | OVERNO               | R            |           |                       |         |        |        |                | 11                       |           | 8 2       | 022     |                     | (SEE INS       | TRUCTIO      | ONS FOR C | ODES)          |
| Summary of                                | Receipts             | s and        | МО        | DAY                   | YEAF    | 2      |        |                | МО                       | DAY       | YEAI      | R       | FOR                 | OFFIC          | E USE        | ONLY      |                |
| Expenditures                              | from:                |              |           | 3 29                  | 2       | 022    | Т      | 0              | 5                        | 5         | 2 2       | 2022    |                     |                |              |           |                |
| A. Amount Bro                             | ught For             | ward Fron    | ı Last R  | eport                 |         |        |        | \$             |                          |           | (         | 0.00    |                     |                |              |           |                |
| B. Total Moneta                           | ary Contr            | ibutions A   | And Rec   | eipts (From           | Sche    | dul    | e I)   | \$             |                          |           | (         | 0.00    |                     |                |              |           |                |
| C. Total Funds                            | Available            | (Sum Of      | Lines A   | and B)                |         |        |        | \$             |                          |           | (         | 0.00    |                     |                |              |           |                |
| D. Total Expend                           | ditures (I           | From Sche    | edule II  | I)                    |         |        |        | \$             |                          |           | C         | 0.00    |                     |                |              |           |                |
| E. Ending Cash                            | Balance              | (Subtract    | Line D    | From Line             | C)      |        |        | \$             |                          |           | C         | 0.00    |                     |                |              |           |                |
| F. Value Of In-                           | Kind Con             | tributions   | Receiv    | ed (From S            | chedu   | le I   | I)     | \$             |                          |           | C         | 0.00    |                     |                |              |           |                |
| G. Unpaid Debt                            | s And Ob             | oligations   | (From S   | Schedule IV           | ')      |        |        | \$             |                          |           | C         | 0.00    |                     |                |              |           |                |
|                                           |                      |              |           |                       | AFF     | -ID    | AVI    | T SE           | CTION                    |           |           |         |                     |                |              |           |                |
| PART I - If this is                       | s a Comm             | nittee repo  | ort, trea | surer sign            | here.   | If th  | nis is | a Can          | ndidate r                | eport, o  | candidat  | te siç  | ın here.            |                |              |           |                |
| I swear (or affirm)<br>correct and comple |                      | report, incl | uding the | e attached scl        | hedule  | s file | ed on  | paper (        | or by elect              | tronic m  | edium, aı | re to t | the best of         | my know        | ledge        | and belie | ef , true      |
| Sworn to and subs                         | cribed bef<br>day of | ore me this  |           | 20                    |         |        |        |                |                          |           | Sigr      | nature  | of Person           | Submitt        | ng Rep       | ort       |                |
|                                           | _                    | Signatur     | re        |                       |         |        |        | -              |                          |           |           |         | Printe              | d Name         |              |           |                |
| My Commission Ex                          | cpires               |              |           |                       |         |        |        | _              |                          |           |           |         | Email               |                |              |           |                |
|                                           |                      | мо           | D         | AY                    | YR      |        |        |                |                          | Ar        | ea Code   |         | Daytime             | Telepho        | ne Nu        | mber      |                |
| Part II- If this is                       | a report             | of a cand    | lidate's  | authorized            | Comr    | nitte  | ee, C  | andida         | ate shall                | sign h    | ere.      |         |                     |                |              |           |                |
| I swear (or affirm)<br>No 320) as amende  |                      | ne best of m | y knowle  | edge and beli         | ef this | poli   | itical | commi          | ittee has r              | not viola | ted any p | rovis   | ions of the         | act of Ju      | ne 3,19      | 937 (P.L. | 1333,          |
| Sworn to and subsc                        |                      | re me this   |           | 20                    |         |        |        |                |                          |           |           | s       | ignature of         | Candida        | te           |           |                |
|                                           | day of<br>—          |              |           |                       |         |        |        | -              |                          |           |           |         | Printed             | Name           |              |           |                |
|                                           |                      | Signature    |           |                       |         |        |        | -              |                          |           |           |         |                     |                |              |           |                |
| My Commission Exp                         | oires                |              |           |                       |         |        |        |                |                          |           |           |         | Email               |                |              |           |                |
|                                           | _                    | МО           | D         | AY                    | YR      | ł      |        | -              |                          | Area      | Code      |         | Day                 | rtime Te       | lephon       | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate                                                                                                                          | Reporting Period |          |              |          |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|--------------|----------|--|--|--|
| AUSTIN DAVIS                                                                                                                                                   | From:            | 3/29/202 | <u>2</u> To: | 5/2/2022 |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor                                                                                        |                  |          |              |          |  |  |  |
| TOTAL for the Reporting                                                                                                                                        | g Period         | (1)      | \$           | 0.00     |  |  |  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)                                                                                      |                  |          |              |          |  |  |  |
| Contributions Received From Political Committees (Part A)                                                                                                      |                  |          | \$           | 0.00     |  |  |  |
| All Other Contributions (Part B)                                                                                                                               |                  |          | \$           | 0.00     |  |  |  |
| TOTAL for the Reporting                                                                                                                                        | g Period         | (2)      | \$           | 0.00     |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)                                                                                               |                  |          |              |          |  |  |  |
| Contributions Received From Political Committees (Part C)                                                                                                      |                  |          | \$           | 0.00     |  |  |  |
| All Other Contributions (Part D)                                                                                                                               |                  |          | \$           | 0.00     |  |  |  |
| TOTAL for the Reporting                                                                                                                                        | g Period         | (3)      | \$           | 0.00     |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)                                                                               |                  |          |              |          |  |  |  |
| TOTAL for the Reporting                                                                                                                                        | g Period         | (4)      | \$           | 0.00     |  |  |  |
|                                                                                                                                                                |                  |          | ı            |          |  |  |  |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |                  |          | \$           | 0.00     |  |  |  |

#### **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.

| Name of Filing Committee or Candidate |       |                   |      | Period |      |    |        |
|---------------------------------------|-------|-------------------|------|--------|------|----|--------|
|                                       |       | F                 | rom: |        | То   | :  |        |
|                                       |       |                   |      | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee   |       |                   | МО   | DAY    | YEAR |    |        |
| Mailing Address                       |       |                   |      |        |      | \$ | 0.00   |
| City                                  | State | Zip Code (Plus 4) |      |        |      |    |        |

**PAGE TOTAL \$** 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

### 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 Candidate |       |                   | Reporting Period |    |      |      |    |            |
|---------------------------------------|-------|-------------------|------------------|----|------|------|----|------------|
|                                       |       |                   | Fro              | m: |      | To   | ): |            |
|                                       |       |                   |                  |    | DATE |      |    | AMOUNT     |
| Full Name of Contributor              |       |                   |                  | МО | DAY  | YEAR |    |            |
| Mailing Address                       |       |                   |                  |    |      |      | \$ | 0.00       |
| City                                  | State | Zip Code (Plus 4) | )                |    |      |      |    |            |
|                                       |       |                   |                  |    |      |      |    | PAGE TOTAL |

#### **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   |      |     |      |               |          |      |
|---------------------------------------|----------------------|----------|-------------|------|-----|------|---------------|----------|------|
|                                       |                      |          | From:       |      |     | То:  |               |          |      |
|                                       |                      |          |             | DA   | TE  |      | A             | MOUNT    |      |
| Full Name of Contributing Committee   |                      |          |             | мо   | DAY | YEAR |               |          | 0.00 |
| Mailing Address                       |                      |          |             |      |     |      | <b>-</b>   \$ |          | 0.00 |
| City                                  | State                | Zip Cod  | e (Plus 4)  |      |     |      |               |          |      |
|                                       |                      |          |             |      |     |      |               | PAGE TOT | AL   |
| Enter Grand Total of Part C on School | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. |     |      | \$            | (        | 0.00 |

### 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     | orting Pe | riod    |      |       |                 |
|-----------------------------------------|---------------------|---------------|---------|-----------|---------|------|-------|-----------------|
| From:                                   |                     |               |         |           | om: To: |      |       |                 |
|                                         |                     |               |         | D         | ATE     |      |       | AMOUNT          |
| Full Name of Contributor                |                     |               |         | МО        | DAY     | YEAR | \$    | 0.00            |
| Mailing Address                         |                     |               |         |           |         |      | 1     |                 |
| City                                    | State               | Zip Code (Plu | s 4)    |           |         |      |       |                 |
| Employer Name                           |                     |               |         | Occupat   | tion    |      |       |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City          |         |           | State   |      | Zip C | Code (Plus 4)   |
| Enter Grand Total of Part C on Schee    | dule I, Detailed Su | ımmary Page   | Section | on 3.     |         |      | \$    | PAGE TOTAL 0.00 |
|                                         |                     |               |         |           |         |      |       |                 |

## 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              |                    | Report     | ing Peri | od  |      |    |            |
|---------------------------|---------------------------|--------------------|------------|----------|-----|------|----|------------|
|                           |                           |                    | From:      |          |     | To:  |    |            |
|                           |                           |                    |            | E        | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                    |            | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                    |            |          |     |      |    |            |
| City                      | State                     | Zip Code (Pl       | us 4)      |          |     |      |    |            |
| Receipt Description       | '                         |                    |            |          |     |      |    |            |
| Futor Count Total of Dout | Fan Cahadula I Datailad   | I Commence Dance C | ` <b>!</b> | 4        |     |      | ı  | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule 1, Detailed | i Summary Page, S  | ection     | 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 Perio | od                    |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| AUSTIN DAVIS                                                                                                                                       | From:           | 3/29/2022 <b>To</b> : | <u>5/2/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P                                                                          | ER CONTRIBUTOR  |                       |                 |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (1)       | \$                    | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR                                                                         | T F)            |                       |                 |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (2)       | \$                    | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)                                                                               |                 |                       |                 |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (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, |                 | \$                    | 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 |      |          |            |      |
|------------------------------------------------|--------------------|---------------------|----------|------------------|------|----------|------------|------|
|                                                | From: To:          |                     |          |                  |      |          |            |      |
|                                                |                    |                     |          | DATE             |      |          | AMOUNT     |      |
| Full Name of Contributor                       |                    |                     | мо       | DAY              | YEAR |          |            |      |
| Mailing Address                                |                    | _                   |          |                  |      | <b> </b> |            | 0.00 |
| City                                           | State              | Zip Code (Plus 4)   |          |                  |      |          |            |      |
| Description of Contribution:                   |                    | •                   | •        | •                |      | •        |            |      |
|                                                |                    |                     |          |                  |      |          |            |      |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum | mary Pag         | je,  |          | PAGE TOTAL |      |
|                                                |                    |                     |          |                  |      | \$       | (          | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  |        | porting | Period       |        |       |                 |
|-----------------------------------------|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
| F                                       |                  |      |                  |        | m:      |              | То:    |       |                 |
|                                         |                  |      |                  |        |         | DATE         |        |       | AMOUNT          |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY          | YEAR   |       |                 |
| Mailing Address                         |                  |      |                  | -      |         |              |        | \$    | 0.00            |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |              |        |       |                 |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation        |        |       |                 |
| Employer Mailing Address/Principal Plac | e of Business    | City | у                | State  | e Zip   | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch      | edule II, In-Kin | nd C | Contributions D  | etaile | ed      |              |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                |                  |      |                  |        |         |              |        | 0.00  |                 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                   |                    |                   |            | Reporting Period |          |    |            |  |  |
|-------------------------------------------------------------------------|--------------------|-------------------|------------|------------------|----------|----|------------|--|--|
|                                                                         | From               |                   |            | То:              |          |    |            |  |  |
|                                                                         |                    | DATE              | AMOUNT     |                  |          |    |            |  |  |
| To Whom Paid                                                            | мо                 | DAY               | YEAR       |                  |          |    |            |  |  |
| Mailing Address                                                         |                    |                   |            |                  |          | \$ | 0.00       |  |  |
| City                                                                    | State              | Zip Code (Plus 4) | Descrip    | tion of Exp      | enditure |    |            |  |  |
| Enter Grand Total of Evnenditures                                       | on Bago 1 Bonort C | Cover Page Item [ |            |                  |          |    | PAGE TOTAL |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                   | <b>,</b> . |                  |          | \$ | 0.00       |  |  |