# **Campaign Finance Report**

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

Filer Identificat Number :	ion 2022	C0207			Repor Filed	-	CANDI	DATE	✓	co	OMMITTEI		LOBE	BYIST	
Name of Filing (	Committee, Candid	ate or Lo	obbyist:		AUSTI	N DAV	'IS								
Street Address:															
City:							State:				Zip Cod	<b>e:</b> 15	132		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D. PRIM		POST-	3. <b>X</b>		AMENDMI REPORT?	ENT	Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D. ELEC	AY I TION	POST-	6.		TERMINA REPORT?	TION	Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				FILING METHOD ( ) CHECK ONE						$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE OF ELECTION					Office Code	Par	ty Code	County Code
							мо	DAY	Y	EAR	Number	LTG	DEN	1	coue
LIEUTENANT G	OVERNOR						11		8	2022	i	(SEE INS	TRUCTIO	ONS FOR (	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		5 3	20	022	Ю	6	5	6	2022					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$	5			0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5			0.00					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$	5			0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign	here. I	lf this i	s a Ca	ndidate re	eport, o	candi	date si	gn here.				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedules	s filed or	i paper	or by elect	ronic m	edium	, are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						5	Signatur	e of Person	Submitt	ing Rep	ort	
		ro.				_					Print	ed Name			
My Commission E	Signatu xpires										Email				—
	мо	DA	AY	YR				Ar	ea Co	le	Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, (	Candio	late shall	sign h	ere.						
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comn	nittee has n	iot viola	ted ar	ıy provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20							S	ignature o	f Candida	te		
											Printeo	i Name			
My Commission Exp	Signature bires					_					Emai	1			
						_									
	MO	DA	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AUSTIN DAVIS From: <u>5/3/2022</u> **To:** 6/6/2022 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
				From: To:							
					DATE	AMOUNT					
Full Name of Contributing Committee					DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	4)								
								PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00			

PAGE 3

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 Candidate Reporting Period									
			Fror	From: To:					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4	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					
			From:	То:					
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio							\$	0.00	

## 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				Reporting Period					
From				m: To:					
				DATE AMOUNT					
Full Name of Contributor				DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupation						
ce of Business	City			State Zip Code (Plus 4)			(Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							<b>GE TOTAL</b> 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To   DATE   MO DAY YEAR   State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

## 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	Name of Filing Committee or Candidate			Reporting Period						
			From:	n: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.0	00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	·									
			<b>.</b>					PAGE TOTAL		
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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									
AUSTIN DAVIS	From:	<u>5/3/2022</u> <b>то:</b>	<u>6/6/2022</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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, 1		\$	0.00							

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Period	·								
						То:							
	DATE A			AMOUNT									
Full Name of Contributor				DAY	YEAR								
Mailing Address		_				<b>7</b> \$		0.00					
City	State	Zip Code (Plus 4)											
Description of Contribution:			1										
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.							
						\$		0.00					

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
					DATE	AMOUNT					
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address			-				<b>\$</b> 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor				Occupa	ation						
Employer Mailing Address/Principal Place of Business City			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.						<b>PAGE TOTAL</b> 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From			То:		
	DATE				AMOUNT				
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	benditure				
Enter Crand Tatal of Evnanditures					PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		