### **Campaign Finance Report**

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

Filer Identificati Number :	on	20220	C0207				port ed B		CAND	IDATE	<b>√</b>	CO	MMITTEE		LOBE	SYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		AUS	STIN	DAVI	:S									
Street Address:																		
City:									State:				Zip Code	e: 15	132			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.							AMENDMENT Yes No REPORT?				
(place X to the right of	6TH TUES PRE-ELEC		4. <b>X</b>	2ND FRIDAY PRE- ELECTION 5. 30 DA						POST-	6.		TERMINAT REPORT?	TION	Yes	No	<b>\</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG METH CHECK (				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by	Candidat	:e:						DATE	OF ELE	СТІ	ON	District Number	Office Code	Par	ty Code	County Code	
	- 1								МО	DAY	١	YEAR	-1	LTG	DEN	1	code	
LIEUTENANT G	OVERNO	₹							1	1	8	2022		(SEE INS	TRUCTIO	ONS FOR C	CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	١	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			6 7	2	022	Т	0		9	19	2022						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$			•	0.00						
B. Total Moneta	ary Contri	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$				0.00						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		-		_								_						
I swear (or affirm) correct and complete		eport, incl	uding the	e attached sc	hedule	s file	d on	paper (	or by elec	tronic m	ediu	m, are to t	the best of	my know	ledge	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitti	ng Rep	ort		
		Signatur	·e					- -					Printe	d Name				
My Commission Ex	cpires							_					Email					
		мо	D	AY	YR					Ar	ea Co	ode	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	tical	commi	ittee has	not viola	ited a	any provisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed befor	re me this		20								Si	ignature of	Candida	te			
	——————————————————————————————————————							-					Printed	Name				
	9	Signature						-										
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	t .		-		Area	Code	e	Day	time Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	Period		
AUSTIN DAVIS	From:	6/7/202	<u>2</u> To:	9/19/2022
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	J 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	y 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
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	nd enter amo	ount )	\$	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 Candida	te		Reporting	Period			
			From:		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.

### 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			Rep					
			From: To				):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

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

**PAGE TOTAL \$**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	ame of Filing Committee or Candidate			Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	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				
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s <b>4</b> )					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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:	6/7/2022 <b>To:</b>	9/19/2022
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 Rep				Reporting Period				
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	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					Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ing Period			
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
Futor Cuand Tatal of Francishing	an Dana 1 Dan	aut Caucau Dana Itana D					PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<b>'.</b>			\$	0.00