Campaign Finance Report

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

Filer Identification	on 202	2C0207				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee, Candi	date or L	obbyist:		AUS	STIN	DAVI	S										
Street Address:																		
City:								State:					Zip Code	: 15	132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL REPOR	Г 7. X	Year 2022		\prod			IG MET CHECK					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candid	ate:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
· TELITENIANT O								МО		DAY	YEAR	2		LTG	DEN	1		
LIEUTENANT G	OVERNOR								11		8 2	022		(SEE INS	TRUCTIO	ONS FOR (CODES	,
	Receipts and	МО	DAY Y	YEAR				МО		DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		11 29	20	022	Т	0		12	3	31 2	022						
A. Amount Bro	ught Forward Fro	m Last R	leport				\$				0	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	a I)	\$				C	0.00						
C. Total Funds	Available (Sum C)f Lines A	and B)				\$				0	0.00						
D. Total Expend	ditures (From Sc	hedule II	.I)				\$				0	.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0	.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From Sch	edul	le II	I)	\$				0	.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)				\$				0	.00		,				
			ļ	AFF	IDA	AVI	T SE	CTIO	Ν									
PART I - If this is	a Committee re	port, trea	surer sign he	ere. I	If th	nis is	a Can	didate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sche	dules	ifile	d on	paper o	or by ele	ectr	onic me	edium, ar	e to t	he best of r	ny know	/ledge	and beli	ef , trı	ıе
Sworn to and subs	cribed before me th day of	is	20						•		Sign	ature	of Person S	Submitti	ing Rep	ort		_
	Signat						- -						Printe	d Name				-
My Commission Ex	_	ure							•				Email					-
	мо	D	PAY	YR	_	_				Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized Co	omn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee ha	s no	ot violat	ted any p	rovisi	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		5										Si	ignature of	Candida	te			-
	day of		_ 20				_						Printed	Name				-
	Signature			—	_	—	-											
My Commission Exp	ires												Email					
	МО	D	PAY	YR			-			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
AUSTIN DAVIS	From: <u>11/29/2022</u> To: <u>12/31/202</u>						
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting) 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	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	Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting) 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			\$	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			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					Reporting Period						
F				m:		o:					
					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.

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			Reporting Period						
	From:			То:						
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TO	TAL	
Enter Grand Total of Part C on Scheo	lule 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				Repo	orting Pe	riod				
						From: To:				
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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 of	or Candidate		Report	ing Peri	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							\neg		
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			1	•	•		
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL	
Enter Grand Total of Part I	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 Peri	od	
AUSTIN DAVIS	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	١	
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 Cand	idate	Name of Filing Committee or Candidate Re				Reporting Period					
F			From:			То:					
				DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR						
Mailing Address						7 \$	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•	•						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			led Sum	mary Pag	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				Rep	orting	Period				
					From:			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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti				
	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 Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL
Lines Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00