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	20220	0207			Report Filed B		CANDI	DATE	✓	СС	MMITTEE		LOBE	BYIST	
Name of Filing (Committee,	Candida	ite or Lo	obbyist:		AUSTIN	DAV	IS			_					
Street Address:																
City:								State:				Zip Cod	e: 15	132		
TYPE OF REPORT	6TH TUESD/ PRE-PRIMAF		1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST-	T- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESD/ PRE-ELECTI		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL R	EPORT	7. X	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by C	andidat	e:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YEA	R	-1	LTG	DEM	1	
LIEUTENANT G	OVERNOR							11		8	2022	·	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of	Receipts a	and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY	
Expenditures	s from:		1	L1 29	20)22 T	0	12	. 3	81	2022					
A. Amount Bro	ought Forwa	rd From	Last R	eport	•		\$	_		•	0.00	1				
B. Total Monet	ary Contribu	utions A	nd Rec	eipts (From	Scheo	dule I)	\$				0.00					
C. Total Funds	Available (S	Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (Fro	om Sche	dule II	[)			\$				0.00	1				
E. Ending Cash	Balance (S	ubtract	Line D	From Line (C)		\$				0.00					
F. Value Of In-	Kind Contri	butions	Receive	ed (From S	chedul	e II)	\$				0.00	-				
G. Unpaid Deb	ts And Oblig	ations	(From S	chedule IV)		\$				0.00					
					AFF:	IDAVI	T SE	CTION								
PART I - If this i	s a Committ	ee repo	ort, trea	surer sign	here. I	f this is	a Ca	ndidate re	eport, c	andida	te sig	gn here.				
I swear (or affirm correct and compl		ort, inclu	iding the	attached scl	hedules	filed on	paper	or by elect	ronic me	edium, a	re to i	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before day of	e me this		20						Sig	nature	e of Person	Submitt	ing Rep	ort	
		Signatur	•	-			-					Print	ed Name			
My Commission E		Signatur	-				_					Email				
	мс	D	D/	AY	YR		-		Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of	a cand	idate's	authorized	Comm	ittee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend		pest of m	y knowle	edge and beli	ef this	political	comm	iittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before day of	me this		20		Signature of Candidate										
							-	Printed Name								
My Commission Exp		nature					-					Email				
							-									
		мо	D	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>11/29/2022</u> **To:** 12/31/2022 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 Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				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 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):				
					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 Period							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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 Re				eporting Period						
			Froi	n:		Т):			
				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 Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE 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: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•				•					
		_	o .:					PAGE TO	TAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sectior							\$		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:	<u>11/29/2022</u> то:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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			Reporting Period						
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address] \$	0.0	00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			•						
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		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:			То:		
					DATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code(Plus 4)							
Employer of Contributor		•	Occupation						
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Con	tribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PA	GE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
				From						
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City State Zip Code (Plus 4)				Description of Expenditure						
Enter Grand Total of Exponditures	on Page 1. Penert (Cover Bage Item [`				PAGE TOTAL			
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00			