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 2	2022C0	0403				eport led B		CAN	IDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Ca	ındidat	e or Lo	obbyist:		AUS	STIN	DAVI	S										
Street Address:																			
City:									State:					Zip Code	15	132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY			2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION		ł.	2ND FRIDAY ELECTION	Y PRE	Ε-	5.	30 DA		P	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\checkmark
report type)	ANNUAL REP	ORT 7	. x	Year 2022					IG MET CHECK					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by Can	ndidate							DATE	01	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
 				=					МО		DAY	YEAF	₹	35	STH	DEN	1		
REPRESENTATI	VE IN THE GI	ENERA	L ASSI	EMBLY						11		8 2	022		(SEE INS	TRUCTIO	ONS FOR	CODES	,
Summary of I		nd	МО	DAY	YEAR	≀			МО	DAY YEAR FOR OFFICE USE ONLY									
Expenditures	from:		1	11 29	2	022	2 T	0		12	3	31 2	022						
A. Amount Bro	ught Forward	From	Last R	eport				\$		_		(0.00						
B. Total Moneta	ary Contributi	ions An	ıd Rec	eipts (From	Sche	dule	e I)	\$				(0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance (Sub	otract L	ine D	From Line C	2)			\$		_		C	.00						
F. Value Of In-l	Kind Contribu	ıtions F	Receive	ed (From Sc	chedu	le I	Ξ)	\$				C	.00						
G. Unpaid Debt	s And Obligat	tions (F	From S	chedule IV)			\$				C	0.00		1				
					AFF	FID	AVI	T SE	CTIO	N									
PART I - If this is		•	•								• '								
I swear (or affirm) correct and comple		t, includ	ling the	attached sch	redules	s file	ed on	paper o	or by ele	ectr	onic me	edium, aı	e to t	he best of r	my know	/ledge	and beli	ef , trı	ıe
Sworn to and subs	cribed before m day of	ıe this		20						-		Sigr	ature	of Person	Submitti	ing Rep	ort		_
	- <u>-</u>	gnature						<i>-</i> -		•				Printe	d Name				-
My Commission Ex	-	Jnature								-				Email					-
	мо		DA	AY	YR					•	Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	candic	date's	authorized	Comr	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	knowle	edge and belie	ef this	; poli	itical	commi	ittee ha	s no	ot violat	ted any p	rovis	ions of the a	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		e this											Si	ignature of	Candida	te			-
	day of —— ——							_						Printed	Name				-
	Signa							-						1111100	· · · · · · · · · · · · · · · · · · ·				_
My Commission Exp	_													Email					
	мс	0	D/	AY	YR			-			Area	Code		Day	time Te	lephon	e Numb	er	- ا

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AUSTIN DAVIS	From:	11/29/202	<u>2</u> To:	12/31/2022
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 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 C	Name of Filing Committee or Candidate				Reporting Period						
		Fi	rom:		То	•					
		•		DATE			AMOUNT				
Full Name of Contributing Comm	ittee		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.

Name of Filing Comn	nittee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contribut	or			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•					•		PAGE TOTAL
								I AGE IOIAE

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		A	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			0.00		
Mailing Address							- \$		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				
			Fror	n:		To	То:		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	` !	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 Pe	riod	
AUSTIN DAVIS	From:	11/29/2022 To :	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Car	Name of Filing Committee or Candidate					Reporting Period				
			From:			To				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	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				Re	porting	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 _l	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	Name of Filing Committee or Candidate							
						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					PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00	