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 | 2024 | C0386 | | | | port ed B | | CAND | IDATE | ✓ | СС | MMITTEE | | LOBI | BYIST | | |
|---|-------------|-------------------|-----------|-----------------------|------------|--------|--------------|--------|--------------------|-----------|--------------------------------------|---------|--------------------|--------------------------|--------------|----------|---------|----------|
| Name of Filing C | ommitte | e, Candida | ate or Lo | obbyist: | | | | AVANZ | ZO | | | | | | | | _ | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 15 | 479 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDME REPORT? | AMENDMENT Yes No REPORT? | | | | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | Y PRE | ≣- | 5. | 30 DA | | POST- | ST- 6. TERMINATION Yes N REPORT? | | | | | No |) | √ |
| report type) | ANNUAL | REPORT | 7. | Year 2024 | | | | | IG METH CHECK C | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office S | Cought by | , Candidat | te: | | | | | | DATE (| OF ELE | ELECTION District Office Number Code | | | | | | Cour | |
| | | | | | | | | | МО | DAY | YEAI | R | 58 | STH | REP |) | TCOUC | • |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | 11 | - | 5 2 | 2024 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | Receipts | s and | МО | DAY | YEAR | ł | | | МО | DAY | YEA | R | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 5 | 2 | 024 | Т | 0 | 4 | 1 | 8 2 | 2024 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | | \$ | | • | . (| 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (Fron | Sche | dule | e I) | \$ | | | (| 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | (| 0.00 | | | | | | |
| D. Total Expend | ditures (F | From Sche | edule II | I) | | | | \$ | | | (| 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | 130 | 0.61 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | C | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | (| 0.00 | | ' | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, | candida | te sig | n here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium, a | re to 1 | the best of | my knov | /ledge | and beli | ef , tr | ue |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | Sigr | nature | of Person | Submitt | ing Rep | oort | | _ |
| | _ | Signatur | re | | | | | - - | | | | | Printe | ed Name | | | | - |
| My Commission Ex | pires | | | | | | | _ | | | | | Email | | | | | |
| | | мо | D | AY | YR | | | | | Ar | ea Code | | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has | not viola | ted any p | rovis | ions of the | act of Ju | ine 3,1 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | | re me this | | | | | | | | | | s | ignature of | Candida | te | | | - |
| - | day of — | | | | | | | _ | | | | | Printed | Name | | | | - |
| | : | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | l | | _ | | Area | Code | | Day | time Te | lephor | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|-----------------|-----------------|
| ERIC DAVANZO | From: | 3/5/20 |) <u>24</u> To: | <u>4/8/2024</u> |
| 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 | g 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 | g 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 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 Commi | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------|---------------------------------------|-------|----------------|----|------------------|------|------|----|--------|--|--|
| | | | | Fr | om: | | То | : | | | |
| | | | | | | DATE | | | AMOUNT | | |
| Full Name of Contribution | ng 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.

0.00

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 | an an Candidata | | Rep | orting P | eriod | | | |
|---------------------------------------|-----------------|-------------------|-----|-----------|-------|------|----|------------|
| Name of Fining Committee of Candidate | | | | 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.

7/1/2025 11:21:52 AM

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 | me 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 | | | | | |
|--|---------------------|----------------|---------|-----------|-------|-----------|--------|--------------------|--|--|
| | | | | | | From: To: | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | 7 | | | |
| City | State | Zip Code (Plus | s 4) | | | | | | | |
| Employer Name | | | | Occupa | tion | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip Co | ode (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary 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: | | |
| | | | | 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 Period | | |
|--|------------------|---------------------|-----------------|
| ERIC DAVANZO | From: | 3/5/2024 To: | <u>4/8/2024</u> |
| 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 Candid | ate | | Reporting Period | | | | |
|--|-------|-------------------|------------------|----------|------|-------------|------------|
| | | | From: | | | To: | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | 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 Detail | | | 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 | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
| | | | | Fro | From: | | | То: | | |
| | | | | | | 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 | ame of Filing Committee or Candidate | | | | | Reporting Period | | | | |
|---------------------------------------|--------------------------------------|----------------------|------------|-------------|----------|------------------|------------|--|--|--|
| | 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 Page 1 Penert C | Cover Page Item F | | | | | PAGE TOTAL | | | |
| Lines Grand Total of Expenditures | on rage 1, Report C | Lovei Fage, Itelli L | , . | | | \$ | 0.00 | | | |