

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Brian Shank						
STREET ADDRESS 412 Cambridge Rd						
CITY Erie		STATE PA		ZIP CODE 16511 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		County Council		5	R	MO. DAY YEAR 11 07 2023
DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 09 22 2023 TO 10 23 2023				FOR OFFICE USE ONLY FREQUENTLY VOTE REGISTRATION 2023 OCT 27 PM 1:16		
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF October 20 23 Sue Sheffield SIGNATURE MY COMMISSION EXPIRES 12-02-26 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT Brenda Shatto PRINTED NAME 814 218-2714 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF October 20 23 Sue Sheffield SIGNATURE MY COMMISSION EXPIRES 12-02-26 MO. DAY YR.	SIGNATURE OF CANDIDATE Brian Shank PRINTED NAME 814 873-3612 AREA CODE DAYTIME TELEPHONE NUMBER