

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | | |
|---|------|--------------------------|----|-----------|-------------------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | | Candidate | <input checked="" type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| 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 (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|---|--|-------------------------------------|--------------------------|---|-------------------------------------|
| 1. 6 th Tuesday Pre-Primary | 2. 2 nd Friday Pre-Primary | 3. 30 Day Post Primary | 4. 6 th Tuesday Pre-Election | 5. 2 nd Friday Pre-Election | 6. 30 Day Post Election | 7. Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | Year | | Amendment Report | | Termination Report | | <input checked="" type="checkbox"/> |

| | | | |
|--|------------|------------|--|
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
| | 10/24/2023 | 11/27/2023 | |
| A. Amount Brought Forward From Last Report | \$ | <u>0</u> | 2023 DEC -7 PM 1:54 ERIE COUNTY VOTER REGISTRATION |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | <u>0</u> | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | <u>0</u> | |
| D. Total Expenditures (From Schedule III) | \$ | <u>0</u> | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | <u>0</u> | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | |

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

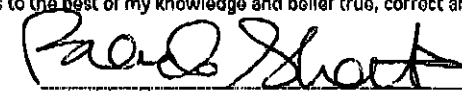
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.



Signature of Person Submitting report

BRENDA SHATTO

Printed Name

814

Area Code

218-2714

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

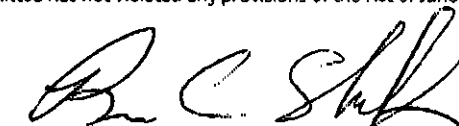
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.



Signature of Candidate

BRIAN SHANK

Printed Name

814

Area Code

873-3612

Daytime Telephone Number