Reset Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed			Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brian Shank			<u>Joji i kata disengali.</u>		
Street Address	412 Cambridg	e Rd	<u> </u>	·· · · · · · · · · · · · · · · · · · ·	· .· .	
City Erie	.]	State	PA	Zip Code	16511	
Type of Report (Place x under report type)				<u> </u>		· · · · · · · · · · · · · · · · · · ·
1-6th Tuesday 2- 2nd Friday 3-30 Day Pos	t 4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/21/2019	Year	2020	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Dat	9		For	Office Use Only	
Expenditures 0322/2011) 05	5/09/2019			á i	
A. Amount Brought Forward From Last Repo	rt \$	0			777	
B. Total Monetary Contributions and Receipt (From Schedule I)	s \$				in the second	ericani
C. Total Funds Available	\$	0				2
E (Sum of Lines A and B)					-10 -12	
D. Total Expenditures \$ 560.32						***
E. Ending Cash Balance (Subtract Line D from Line C)	\$				RATON ATTOM	₩ ♦
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	•		r	
G. Unpaid Debts and Obligations	\$	0			÷	
(From Schedule IV)			-ti			
Part 1- If this is a Committee report, treasurer sign	nere. If this is a Car	Affidavit Se	andidate sign here.			
I swear (or affirm) that this report, including the att	ached schedides o	n paper, to the	best of my knowled	lge and belief t	rue, correct and comple	te.
Sworn to and subscribed before me this	blic	county pires April 3, 2023 umber 1288912 Association of Note	Br. C	-SA		
day of 20	A de la	1 2 8 5 -	Signature	of Person Subn	nithing report	
Signature	地語	unty lires A lesocia	BIZTANO	<u>こ </u>		
U 2-12	_ \@_\i	Cour nia Asi			-	
My Commission expires MO. DAY YR	of Penn	Erie Cossion extended signature of the cost of the cos	Area Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candidate's Authorized	Committee, கூட	idate S halls g n h	ere.			01 4222 NO 220
amended.	and belief this spe	ricai Solfalitiee	nas not violated any	y provisions of	the Act of June 3, 1937 (P.L. 1555, NO.520) as
I swear (or affirm) that to the best of my knowledge amended. Sworn to and subscribed before me this	Comit	Mem		-		
day of20_						
		and the second	Sign	nature of Candi	date	
Signature				Printed Name		
My Commission expires						
MO. DAY YR.		A	Area Code	Dayt	ime Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ o
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 0

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.

Filer Identification (1941HDE1				
					Amount
Full Name of Con	tributing			Date [MM/DD/YYYY]	\$
Committee	· · · · ·				
House #	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	wallace the ex-	1		Shan Shan Shan Shan	
Full Name of Con Committee	criputing			Date [MM/DD/YYYY]	\$
House #	Street Address	 		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con				Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
					7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	†:
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
<u></u>		<u> </u>			
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$
Committee			<u></u>		
House #	Street Address			Date [MM/DD/YYYY]	\$
				1	Taken ayer
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification	on Number:				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
]:
House #	Street Address		•	Date [MM/DD/YYYY]	\$
City	I&	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	***************************************		Date [MM/DD/YYYY]	\$
City	 	State	Zip Code	Date [MM/DD/YYYY]	\$
Perget Calgari Calgarithms					
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
					Provided the second of the sec
City		State	Zip Code	Date [MM/DD/YYYY]	s
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
	akti artista Tara Illiana	*			
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
為為					

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to Itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

				· · · · · · · · · · · · · · · · · · ·	
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	ommittee				
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
		[8]			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	/ Tu Namatan	15 (3) [8]		Date [MM/DD/YYYY]	\$
Contributing Co	ommittee			<u> </u>	
House #	Street Address	ci ci		Date [MM/DD/YYYY]	\$
	Ju eet Addi es.				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		3444		Date [tellar/ DD/ 11111]	
Full Name of	. V 1 (V A)	[\$\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{	Take Assessment	Date [MM/DD/YYYY]	\$
Contributing Co	ommittee				
House #	Street Addres			Date [MM/DD/YYYY]	\$
	Street Address	اد. 		Date [initia DD] 1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Jule	zip code	Date figurit DOLLILIT	
Full Name of	41 1 July 2 2 2 2	15		Date [MM/DD/YYYY]	\$
Contributing Co	mmittee			1	
House #	Street Address	e		Date [MM/DD/YYYY]	\$
	Jileet Audies				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				- marting from the state of the	
Full Name of		The state of the s	[2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address	ś		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				, Date (miny DD) / miny	
Full Name of		1 (2.5%)	[2] [33.883.3]	Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
	The Control of the Co				
City	NEW TERMINE	State	Zip Code	Date [MM/DD/YYYY]	\$
				said hambot (111)	
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10.00	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı	L 45 L

PART D

Filer Identification Number:

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
			<u></u>	no les in honor	
louse #	Street Address			Date [MM/DD/YYYY]	\$
				-	
City	Province Continue Land	State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Nam	e a la l			Occupation	
mployer Maili	na Address /				
rincipal Place					
ull Name of Co	ontributor			Date [MM/DD/YYYY]	\$
(31) [11) (11)					
louse#	Dearth a status -		,	Date [MM/DD/YYYY]	\$
10U5E#	Street Address			nate [MIMI nn 1.1.1.]	
					61 54.476
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name	er a sa s			Occupation	
Employer Maili	ver doe de bareline			The state of the s	
:mpioyer ivialii Principal Place					
ull Name of Co				Date [MM/DD/YYYY]	\$
			· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Nami				Occupation	
Employer Maili Principal Place					
ull Name of Co				Date [MM/DD/YYYY]	\$
		· • · · · · · · · · · · · · · · · · · ·	····		<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
Valley And					
City	1 2 2 2 2 2 2	State	Zip Code	Date [MM/DD/YYYY]	\$
4.00		1.00			[1277]
mployer Name	The state of the s			Occupation	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	<u> </u>			
Full Name				
House #	Street Address	· , · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date [MM/DD/YYYY] \$
	: 4 '박 - 단기의		Code	
Receipt Description				
Full Name	Constant of the Constant of th			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	
Full Name			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address	·		
City		State	Zip	Date [MM/DD/YYYY] \$
		2 (Art) 2 (A) (A) 2 (A) (A)	Code	
Receipt Description	log Siy			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			, , , , , , , , , , , , , , , , , , ,
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name	2000 2000			
House #	Street Address	Dian.		Table for house 1 + 1
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,,,,		<u> </u>

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALUE OF \$5	0.00	PR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FROI	M PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION		\$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 5; also enter		0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

 			VALUE OF 330.01 10 3)230	
Filer Identificatio	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					14
Description of (Contribution		k fractions to		<u> </u>
		1.0			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address		······································	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution				
Description of	,UIR BURDA		·		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$
				<u> </u>	
City	The state of the second	State	Zip Code	Date [MM/DD/YYYY]	\$
				The factor of the same of the	
Description of 0	Contribution	- <u> 1,1,5,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1</u>	<u> </u>		[84.0]
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	11 11 11 11			
		<u> </u>		a Presentation hannel	L. ± f
Full Name of Co	intributor			Date [MM/DD/YYYY]	S

Zip Code

House #

Description of Contribution

City

Street Address

State

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	• •	,		

Full Name of C	ontributor			Date [MM/DD/YYYY] \$
				and the same to the same transfer and the sa
House #	Street Address			Date [MM/DD/YYYY] \$
NUuse	STREEL Auur 533			Date Italia politica
				The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	불러 공격 등 이 이 경우를 중요하다	_		Occupation
	ling Address / Principal			Description
Place of Busine	855			of Contribution
Full Name of Co	`antellustage			Date [MM/DD/YYYY] \$
FUII Name	Ohthouton			hare favoring 11111
				
House #	Street Address			Date [MM/DD/YYYY] \$
			·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	IE			Occupation
	ling Address / Principal			Description
Place of Busine				
				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				17.
- In the Mann				
Employer Name				Occupation
	ling Address / Principal	ir i		Description
Place of Busine	ISS CONTRACTOR AND A			of Contribution
Full Name of Co	entributor	<u>.1 </u>		Date [MM/DD/YYYY] \$
	JIHIMAN			Pare Danish New York 2
				Fig. 1
House #	Street Address			Date [MM/DD/YYYY] \$
			· 	
City		State	Zip Code	Date [MM/DD/YYYY] \$
				6/1
Employer Name				Occupation
	ling Address / Principal			Description
Place of Busine	iss	:		of
and the first of the second of	大学 网络大家 医二甲酚 医二二二二十二二烷			Contribution

Statement of Expenditures

Filer Identification Number:	
l Filer Identification Number:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fig. 1. A. Signard, S. State, S. State, S. State, S. Signard, B. Signard, B. Signard, S. S	

To Whom Paid						Date [MM/DD/YYYY]	\$		
Nan Bag, Nati va Manaka datonya						03/25/2019		4.44 	
House # 5741	Street Address	luffalo Rd`				Description of Expenditure			
City Harborcre	State PA Zip 16521			Business Cards					
To Whom Paid		•				Date [MM/DD/YYYY]	\$:	
Office Max					04/04/2019		40.08		
House #	Street Address					Description of Expenditure			
City Erie		State	PA	Zip Code	16509	photo paper and sign hol	ders		
To Whom Paid			'			Date [MM/DD/YYYY]	\$		
	Lulu's Graphics					03/29/2019		235.82	
House # 3204	Street Address B	uffalo Rd				Description of Expenditure			
City Erie		State	PA	Zip Code	16510	yard signs			
To Whom Paid				'	Date [MM/DD/YYYY]	\$			
	Amazon					03/22/2019		124.79	
House # 81226	Street Address	PO Box 81226				Description of Expenditure			
City Seattle State WA Zip Code 98108					shirts & transfer paper				
To Whom Paid	Amazon				·	Date [MM/DD/YYYY]	\$	49.66	
					03/27/19		49.00		
House # 81226	26 Street Address PO Box 81226					Description of Expenditure			
City Seattle		State	WA	Zip Code	98108	Printer ink			
To Whom Paid			•		······································	Date [MM/DD/YYYY]	\$		
	MagnetsontheChea					03/23/2019		83.17	
House # 11550	Street Address Stonehollow Dr Suite 160					Description of Expenditure			
City Austin		State	тх	Zip Code	78758	magnets & bumper stickers			
To Whom Paid	Walmart					Date [MM/DD/YYYY]	\$	10.03	
	vvannant					03/24/2019		10.92	
House # 5741	Street Address	Street Address Buffalo Rd					Description of Expenditure		
City Harborcree	ek .	State	PA	Zip Code	16421	Fabric transfer paper			
To Whom Paid					Date [MM/DD/YYYY]	\$	14.44		
					03/23/2019		11.44		
House # 5755	puse # 5755 Street Address Peach St.					Description of Expenditure			
City Erie		State	PA	Zip	16509	Flyers			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credit	or Sala			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		1	A CONTRACTOR OF THE PARTY OF TH	
City		State	Zip Code	
Description of D	Debt		Code	
Name of Credit	or extra the state of the state			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip	
			Code	
Description of D)ebt			
Name of Credit				Contraction Delever of Delever
Attemprise topia sprili		· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt
House #	Street Address	(1) - W 	DATE DEBT INCURRED [MM/DD/YYYY]	S
		· · · · ·		
City	17:10 18:11 - 17:10 18:11	State	Zip Code	- (
Description of C	<u>Alebtination</u>		coue	
Name of Credito	or (Age 4)			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED		\$
			[MM/DD/YYYY]	
City		State	Zip	
Description of D	200		Code	
Description of D				
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip	
			Code	
Description of D	ebt (表記) 2007年記			
Name of Credito	1		· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED	\$
House #		1 - 1	[MM/DD/YYYY]	. [25,5]
House #				
House #		State	Zip Code	