MOV 29 2021

1 1/21

VOTER REGISTRATION

COMMONWEALTH OF PENNSYLVANIA INDEPENDENT EXPENDITURE REPORT

VOTER REGISTRATION

FULL NAME	OF PERSON FILING	0.00		NAME OF OR	GANIZATION – IF F	ILED ON ONE'S BE	HALF
				Everytow	n for Gun Safe	ety Victory Fu	nd
ADDRESS (N	UMBER AND STREET)				MARY OR ELECTIO		
P.O. Box 4	184			11/02/202	1		
CITY				STATE	ZIP CODE	DAYTIME	ELEPHONE
New York				NY	10163	646-324-	8250
E-MAIL ADD	RESS						
victoryfun	d@everytown.org						
		TYPE OF RE	EPORT (CHECK A	PPROPRIATE BL	OCK)		
□ 6 [™] TUESD	AY PRE-PRIMARY	☐ 2 ND FRIDAY PRI	E-PRIMARY	□ 30 DAY	Y POST- PRIMARY	☐ AMENI	DED REPORT
□ 6 [™] TUESDA	AY PRE-ELECTION	☐ 2 ND FRIDAY PRE	E-ELECTION	Ø 30 DAY	POST-ELECTION	□ ANNUA	L REPORT
·····							
NAME OF CA	NDIDATE OR QUESTION		☐ SUPPORTE	D	☑ OPPOSED	•	
Brian Sha	nk						
		SUMMARY	OF INDEPENDE	ENT EXPENDIT	URES		
PAID TO	– FULL NAME AND MA	ILING ADDRESS		Purposi		DATE	AMOUNT
***************************************			(DESC	CRIPTION OF EX	PENDITURE)		-
See attacl	hed.						
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IF ADDITIONA	AL SPACE IS NECESSARY	TO REPORT EXPEND	TIUKES, PLEASE	ATTACH AN 6	72 X II SHEET O	F PAPER TO THIS F	ORM.
I SWEAR (OR AND COMPLE	AFFIRM) THAT THIS REP TE.	ORT, INCLUDING AT	TACHMENTS, AR	E TO THE BEST	OF MY KNOWLEDG	E AND BELIEF TRU	ie, correct
	AND SUBSCRIBED BEFO	PRE ME THIS		M	1/1/1		
294	DAY OF Nove	n 60 / 20 z	<i>∟i.</i>	,	SIGNATURE OF F	PERSON SUBMITTING R	EPORT
	and and	P. Kan		Michae	el Brouillard		
	SIGNATURE	11 1- 202			PRINTED		· ·
му сомм	ISSIONS EXPIRES	9-15-202	<u></u>	646		-8250	JE NI IMPED
	CAROLINE O. NOTARY PUBLIC, STATE	OF NEW YORK		AR	EA CODE	DAYTIME TELEPHON	NE RUMBER
	Registration No. 02	KA5058879					

Commission Expires April 15, 2022

Everytown for Gun Safety Victory Fund Form DSEB-505, Independent Expenditure Report

Summary of Independent Expenditures

Payee	Purpose	Date Amount	Amount
Deliver Strategies	Production	10/26/2021	\$15,679.16
P.O. Box 100970	Postage		
Arlington, VA 22210			
Everytown for Gun Safety Action Fund	Staff Time	1202/92/01	\$473.12
P.O. Box 4184	•		
New York, NY 10163			