Reset For	Section Section 1	Water Street	wrestier with	Acceptance of the second
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Control of the later of the lat	231	and the second		100

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificatio Number				Re	port Filed lark X)	Ву	Candio		X	Committe			Lobbyist
Name of Filing Co Lobbyist Street Address	mmittee, C	andidate	or	Bria	n Shank								
				412	Cambridg	e Rd					· · · · · · · · · · · · · · · · · · ·		·
City	Erie			<del>-1</del>	*		State	PA PA		Zip Code	16511	<del></del> -	<del></del>
Type of Report (Pla	ice x under	report typ	pe)					<del></del>			10311		
1-6 <sup>th</sup> Tuesday 2- Pre-Primary Pr	2 <sup>nd</sup> Friday e-Primary	3- 30 Da Primary	y Post	4- 6' Pre-	Tuesday Election		<sup>nd</sup> Friday - Election	6-30 Da Election		7- Annual	Special 2	<sup>nd</sup> Friday	Special 30 Da
			1	Ī	<u> </u>						Pre-Elect	ion	Post-Election
Date Of Election (MM/DD/YYYY)		11/5/2	019	Yea			2020	Amendn Report	1ent		Terminat Report	ion	
Summary of Receip	ts and	From Da	ite		To Date	des Org				For	Office Use (	)nlv	
		10/21	/2019		11/	/25/20	119		en en France				
A. Amount Brought	Not received and to		3.46	\$	-	567.9	8				2 56 C V	19-24-07-07-0	eninkula ini lihini
B. Total Monetary ( (From Schedule I) C. Total Funds Avail		is and Re	celpts	\$	6	50.00	)						201
C. Total Funds Avail (Sum of Lines A and D. Total Expenditure	B) -		1 de 1	\$		82.02							2019 DEC
(From Schedule III)				\$		0						77.173	1
E. Ending Cash Balan Subtract Line D from	n Line C)			\$	8	32.02							ω """
. Value of in-Kind C From Schedule (I)		and the second	d	\$		0							
3. Unpaid Debts and From Schedule IV)	Obligation	S		\$		0							: 28
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worn to and subscribed	before me t	his	ł		ry Se	23	starle 2	2/	~ <	AL	/ Correct and	complete,	
Lania	Dea	 M ()	do	<b>1</b> 2	Nania Notary Iotary Public ity	expires April 3, 2023	Brian of Notarie	Signa	ture of I	Person Submitt	ing report	<del> </del>	-
Signati	ire	2 - 1 2		<del>プ</del>	tang Stary	SApr ≥r128	or muar	Shank		Printed Name	3 - 1·2···	··	
y Commission expires_	MO.	100			Pennsyl ndez, N ie Coun	on numbe	814 Area			873-36	12		
rt II. If this is a second	5 - 0 - 111		YR.		் ம் இத்	0.5	œi >	Code			e Telephone		•
rt II- If this is a report o wear (or affirm) that to	the best of n	s's Authori	zed Con	nmitte	<b>€</b> c <b>a</b> ndida					<del></del>		<del></del> -	
ended,		.,	ige and	Dellei		E C	mittee has	not violated	any pr	ovisions of the	Act of June 3	, 1937 (P.L.	1333, NO.320) a
vear (or affirm) that to ended. orn to and subscribed by	efore me thi	s			Ommo F My c	Member			•				
day of		20		C.	1	]≥	<del></del>						
Signatur	e	·					<del></del>			re of Candidate			
Commission expires				•	ī				Prin	ted Name			
·													

### SCHEDULE I **Contributions and Receipts**

**Detailed Summary Page** 

Filer identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	erner s	W.	
Total for the reporting period	(1)	\$	400.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part 8)		\$	250.00
Total for the reporting period	(2)	\$	250.00
3. Contributions Over \$250.00 (From Part C and Part D)		Sa.	
Contributions Received from Political Committees (Part C)	ex removes as a	\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	)	5,4	1
Total for the reporting period	(4)	\$	o
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, Re	port	\$	650.00

Cover Page, Item B)

650.00

#### 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.

Filer Identificati	on Number		· · · · · · · · · · · · · · · · · · ·		
	See See See 9 to 10 feet	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	A	
Full Name of C	ontributing		<u> </u>	Amoun Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
	1		<u> </u>		
House #	Street Address			Date [MM/DD/YYYY] \$	
		1			
City		State	Zip Code	Date [MM/DD/YYYY] S	
1447) 255 1534 255					
Full Name of C	ontributing		Professional American Control of the	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address				
	ou eet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributing	-		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Barrata and a special service	
				Date [MM/DD/YYYY] \$	
		1 . 2			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Side and					
Full Name of Co	ntributing			Date [MM/DD/YYYY] S	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
City	The production of the producti	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	afribution area	4.00 A 12		1257.3 1257.3	
Committee	itti Duting			Date [MM/DD/YYYY] \$	
Karaca a da					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [WW/DD/1111]	
Full Name of Cor	ntributing	Chaffe has a	Wolffler Bully S.M.	DESCRIPTION OF THE PROPERTY OF	
Committee		•		Date [MM/DD/YYYY] \$	
House#	Street Address	<u> </u>			
	oueer addiess			Date [MM/DD/YYYY] \$	
(\$147 h 1)					ļ
City		State	Zip Code	Date [MM/DD/YYYY] \$	· <u> </u>
A4, 7 \$20,534		Island Charles	[M] Nea (% H. % A. A.		

# 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 Number:

Full Name of	Contributor	** 44 -		Date (MM/DD/XXXX)	\$
-	Brenda Si			11/05/2019	250.00
House # 41	Street Addres	ss Cambridge Rd		Date [MM/DD/YYYY]	\$
City Erie	14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.000 14.00	State PA	<b>Zip Code</b> 16511-2315	Date (MM/OD/YYYY)	\$   
full Name of	Contributor			Date (MM/DD//xxxx)	
House#	Street Addres	<b>8</b>			
	Street Addies			Date [MM/DD/YYYY] \$	
city		State	Zip Code	Date [MW/DD/YYYY] \$	
Full Name of	Contributor		Housestern and the Comments	Date (MM/DD/Y/Y/)	
House#	Street Address			Date (MM/DD/YYYY) \$	
City		State	Zip Gode	Pate [MM/DD/YYYY] S	
Full Name of	Contributar				
				Date (MM/DD/YYYY) S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date (MM/DD/XXXY) 5	
Full Name of C	ontributor			Date (MM/DID/YYYY) S	
House#	Street Address	- Autory		Date [MM/DD/XYYY] \$	ALCONOMICS CONTROL OF THE CONTROL OF
City	<b>美国教育</b>	State	Zip Code:	Date [MM/DD/YYYY] \$	
Full Name of C	ontributor	FEMANISE SORT	SPATASER SERVER	Date (MIN/DD/NYM) \$	
House#	Street Address			Date [MM/DD/YYYY] \$	The state of the s
eley .		State			
		Jule	Zip Code	Date [MM//DD/YYYY] S	

#### 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 over \$250.00 in the reporting period.

File 7) Gentification (Number:	<del>-</del>			
FulliName of Contributing Committee			Date(IMM/OD/YYYY)	
Flouse # Street Address			Date [MM/DD/YYYY]	\$
GiV.	State	¿Zip Codé	Date [MM/DD/YYYY]	\$
(Sull Name of Gont in Contributing Committee)	<b>林林紫公司家</b>		Date MM/DD/YXYY)	83 5 8
House # Street Address	-		DateliMM/DD/XXXXII	
elsy (	State	Zip Code	Date MM/DD/YYYY)	<u>X</u>
(Pull Vernerof Gonfilouting Committee	(1.19) agonizonal special	RESAL INTEGRALIZATION AND AND AND AND AND AND AND AND AND AN	- Pate IMM/DD//YYY/)	5
House:::: Street Address			Date MM/DD/MMM	<u> </u>
(City)	State	Zip Code	Date [MM/pp//////]	
Hill Name of L Contributing committee			Date [MM/DD///////]	
House# Street Address			Date   MM/DD/YYYYY    S	
(d) v	State	Zip!Gode	/Date [MM//DD/YYYY] )	
Full Name of Contributing Committee  House Street Address		· · · · · · · · · · · · · · · · · · ·	aDate(MM//Db//YYYY)/	
			Date (MM/DD/MM)	
Griy.	State	Žip Gode	Date MM/DD/YYYY	
Gontributing Committee			Date (MM/DD/YYYY) S	
House # Street Address	Parama or record		Date IMM/DD/WMI \$	
SITY	State	Zip Code	Date [MM/DD/YYYY)] \$	

#### PART D

### **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)

Filer Identification Number

FUU Name of Contributor  House#: Street Address			Date [MM/DD/YYYY] s
City Smalloyer Name Employer Mailing/Address/ Principal Place of Business	State	Zip Gode	Date [MM/DD/YYYY] S
Full Name of Contributor  Flouse:::  Flouse:::  Street:Address			Date (MIM/DD/YYYY) \$5
Gity  Ginployer (Name  Ginployer (Walling Address)  (Primolgal (Place of Business)	State	ZipiCode	Date [MM/DD/YYYY] 35
HUIIName of Contributor  House # Street Address			Date [MM/DD/AYYM]
Employer Name  Employer Malling Address // 1/ Principal Place of Business	State.	Zip Code	Date [MM/DD/XYYY] S
Full Nation of Contributors  House # Street Address			Date IMM/DD/YYYYI S
Employer Name Employer Mailing Address / Principal Place of Business	State	.ZipjCode	[Date MM/DD/YYYY] \$\$4

#### 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.

Filet Identification Number				
City: Receipt Description	treet Address	State	Zip Code	Date [MM/DD/YYYY] \$
Gull Name	reet Address	Staté	kZip Code	Date [MM/PD/YYYM] \$5
(etty Receipt Description		State	Zjp Gode	Date IMM/DD/YYYYI \$
Fault Name  (House #)  (dity  Receipt Description #		State	Zip Codes	Date (MM/DD/MM)
(cliv) 	et-Address	State	Žip , Code	Date (MM/OD/YYYY) ( \$
Folise   Fo	eevAddress	State	Zip Gode	Date [MM/DD/XXXX]

#### 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

Fileridentii cation Number:				
A TONDEMIZED INKIND CONTRI	PUTTIANICADEAE (VEGA)			
TOTAL for the reporting period	The Maria Control of the Control of	<u> </u>	R GONDRIBUTION	
TOTAL for the reporting period	(1)	\$		
2 ZINKIND CONTRIBUTIONS: REG	EIVED-VAIUE (OE'S 50	NOTETIO \$250/00/JEROMEDAR		TO CONTROL OF A CONTROL OF THE CONTR
TOTAL for the reporting period	(2)			
	\2)	\$		
3 3 INKIND CONTRIBUTION REGE	VED VALUE OVERS	250100 (EROM PARTIG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro	NS DURING THIS REF om boxes 1, 2, and 3	PORTING \$		
on Page 1, Report Cover Page, Item F)	, , ,	, ====		

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Number:		· · · · · · · · · · · · · · · · · · ·	,	<del></del> -
Henry Market Market Committee (1997)	<del></del>			
FulliName of Contributor			Date [MM/DD/YYYY] - \$	
House# Street Addr	DCC		December 1950 Annual Programmer 1950	
			Date [MM/DD/XYXY],	
(city, i)	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/XXXXI 45	
	NG (II			
House# Street Addre			Date [MM/DD/AYYYY] (S)	
(GRV)	State	Zip code	Date (MM/DD/YYYY), MS	
Desadption, of Contribution		Zip'Code		
GUII Namerot Gontributor.		<del></del>	DATE SALES OF THE	
			(Date [MM/DD/XXXX)) (S)	
House II. Street Addre	55		/Date IMIN/DD/AY/A/I/ IS	
(Giry	State	Zip Code	Date [MM/DD/XXXM] PSS	
Description of contribution (\$22.5)	State		Page IMIN/DD/MAMIN ST	
Salls Navide of Gours (Philips)				
			Date [IMM/DD//WW/]	
Street Addres			Date (MM/DD/AYYY) 353	
Otty)	State			
Giγγ		Zip Gode	(Date (MM/DD/XYYY)) 35	
Description of Contribution			in Grand I	
Full Name of Contributor			Date [MM/DD/YYYY)]	
louseff Street Addres			Date [MM/Db/YYYY]	
louse (f	102222			
	State	Zip Gode	(Date[MM/DD/YYYY]	
Pescription of Contribution	100 (300-000) (100)	ROBATION OF WAYNE AND A		

# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number		

Full Name of Contributor:			Date MM/DD/YYYY) \$
House # Street Address			Date (MM/DD/YYYY) (\$
IGTV	State	Zip Gode	Date (MM/DD/XYYY) \$
Employer Name			Occupation 1:
Employer Malling Address / Principal / ` Rlace of Business			Description: 3) of s Contribution
[Aull Name of Contributor)	·		Date [MM/DD/YYYY] S
House# Street/Address			Date [MM/DD/YYYY] S
edity.	State	Zip Code	Date[MM/DD/YYYY] 35
(amployer Name)	3,000,52,000,00	(Control of the Control of the Contr	Occupation (*)
EmployerMalling/Address//Principal ( Place of Business)	-		Description s for Generalization
Ft/II/Name of Contributors			(DateI(MM/DD/YYYY)
House#i Street Address			;Date(MM/DD/YYYY)) \$
(Gity)	State	Zip Code.	Date (MM/DD/YYYY) \$
Employer Name		[2.2004, 10044-1114, 83-1-404]	©ccupation >
Gmployer Mailing Address / Principal Place of Business			Description. (a) Gontribution
Full Name of Contributor	<del>"-</del> -		Date (MM/DD/XXYY) 4 ( ) S
House ## Street Address			Date [MM/DD/YYYY] \$
GiV*/	State	.Zip.Göde	IDate IMM/DD/YYYYI S
Employer Name: Lingua Employer Mailing Address/Principal			Occupation Description
Employer Walling Address/Principal Place of Business C			Bescription of Gontalbution

# Statement of Expenditures

Filer Identification Number:		 	-	
AND THE SECOND SECOND	1			
	4			

THE TOTAL PROPERTY OF THE PARTY	œl	<del></del>		(ACCOUNTS SAFETY AND ADVANCE OF THE ACCOUNTS AND ACCOUNTS OF THE ACCOUNTS AND ACCOUNTS
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City.	[558874.52.53.82.87.52.3.5.54.53]	'State	Zip Code	
Jio Whom Paid		KARASA		Date(MM/DD/WWW) \$50
	Description of the second of t			
lHouse #	Street/Address			Description of Expenditure
Giv		State	Žip. Gode	
ijoWhom Paid				Date (MM/DD/YYYY) & St
House\#	Street Address			Description of lexpenditure
(ම්බුදු) "		State	Zip Gode	CONTRACTOR OF THE CONTRACTOR O
To Whom Paid				Date:[MM/Od/www];
(House#	Street Address	-		ADescription of Expenditure
City.	propegation in menutation accompanies and accompanies	State	Zie Code	
Tio Whom Paid	- 1,			*Date (MM/DD/YYYY)
(House#	Street/Address		<u> </u>	Description of Expenditure
(City)		State	Żip Code	The second section of the second section of the second second second second second second second second second
ilio Whom Raid				Date(IMM/DD/WYY)) s
House#	Street Address	,		Description of Expenditure
		State	Zip Gode	
Jowhom Raid				Date (MM/DD/WWY) *\$:
House ## Gity.	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Raid House #				Date [MM/DD/YYYYY] \$
	Street Address			Description of Expenditure
Gity)		State	Zig Gode 1	THE RESERVE OF THE PROPERTY OF

### 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.

Eller Identification Number		
Name of Creditor.  House#  Gity  Description of Debt	street Address	DATE DEBT (NOURRED : S   IMM/DD/)YYYYI   State   Zip   Code
City Description of Delay:	treet Address	DATE DEBT INGURRED STATE  State  Zip  Gutstanding Balance of Debt  Zip  Gode
Name of Graditor  Gray  Gray  Description of Patr  Name of Graditor	Treet Address	DATE DEBI-INGURRED 257 SIMM/DD/YYYY) State Zip Gode
(House#) St	reet Address	DATE DEBILINGURRED SES STATE S
House it Su		Outstanding Balance of Debt. DATE DEBTINGURRED. S [IVIM/DD/YYYY] State Code
Name of Greditor  Louse: File Str.  Str.	etvAddress .	(Outstanding Balance of Debt ()  DATE DEBT (INGURRED SS ()  [MM/DD/YYYY)]  State Zip  Code