CAMPAIGN FINANCE REPORT

PAGE	1	OF	
			(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

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Filer Identification Number:	Report Filed By		CANDIDATE 1.	COMMITTEE 2. LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DAI	// X		250 (A (A	
Street Address:		15.	RENNA	V
3407 GLENSIDE	AVE	ENC		
ERIE			State:	zip Code: 1650 8-2956
TYPE OF ATH TUESDAY 1. ZND FRIDI	000000000000000000000000000000000000000	1000000	30 BAY 3.	AMERIMENT
REPORT PRE-PRIMARY PRE-PRIMA		89988	POST FRIMARY SO DIAY 5.	REPORTS YES NO X
place X to PRE-EXECTION PRE-EXECT	ION		POST ELECTION A	REPORTE YES X NO
the right of report type) ANNUAL 7 YEAR REPORT	2026	7 7	ANG RETHON // CHECK SINE	PAPER X DISKETTE
Name of Office Sought by Candidate:			DATE OF ELECTION	A COUNTY
ERIE CITY COUNC	14		MO. DAY YEAR	FRIE CITY Code Code
			11 5 20%	(SEE INSTRUCTIONS FOR CODES)
MG GAY	AR		MC DAY YEAR	FOR OFFICE USE ONLY
Summary of Receipts	020	To	12 31 2020	
A. Amount Brought Forward From Last Report		-	51.37	
B. Total Monetary Contributions and Receipts (From Scho	edule i) (3		7 28 REC
C. Total Funds Available (Sum of Lines A and B)		}	51.37	5 to 1 to
D. Total Expenditures (From Schedule III)	;	• .	51.37	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
E. Ending Cash Balance (Subtract Line D from Line C)		;	0	PM 2: 23
F. Value of In-Kind Contributions Received (From Sched	lule II) (;	0	
G. Unpaid Debts and Obligations (From Schedule IV)		}	0	
	AFFIDAVI"	SEC	TION	
DATE:	Westerson	************	\$2 \$ \$\$\$\$\$\$\$	candidate sign have
I swear (or affirm) that this report, (leg builting the attached screen correct and complete.	Line on pa	per or c	computer diskette, are to	the best of my knowledge and belief true,
340 and subscribed parole in admission expires October 26	2022 [(1) 1	
27 11 day of Afficial State Publisher 108428	52 X]	120	1.6-12
Somood Ven	,			of Person Submitting Report
Signature		} -	DAVID	M. PIANTA
My commission expires 10/26 / 202	2_	<u> </u>	(814)	392-02/6
MO. / DAY/ YR.)	Area Code	Daytima Telephone Number
PART II — If this is a report of a Candidate's Authoriza				
I swear for affirm) that to the best of mindennylander and helief	this politic	cal com	imittee has not violated	arm provisions of the Act of June 2 1927
(P.L. 1333, No. 320) as amended. Gregory J Kern, Notary I Sworn to and subscribed before me this Eric County	Notary Seal			1/1/2
27 H day of Language County	2/ 1	ì	206	1/1
Present a Lephon number 1084	1295	ļ. [—]	Sig	nature of Candidate
Signature		_	UTY10	BRENNAN Printed Name
My commission expires // / / / / / / / / / / / / / / / / /	<u> </u>	_	Area Code	459-7937

SCHEDULE |

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	
	From	То	
ANNAL MACOR CONTROL TO DESCRIPTION OF THE COLUMN TERMS OF THE COLU	(1985) (1985)		
TOTAL for the Reporting Perio			
		STIRLE OF THE POPULATION OF TH	To Jacobs State La Company Special America, and the Miller on
SIGNATERIBLE STRING PROSECUTATE STREETING PROBLEM PARTY AND PARTY			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Perio	d (2)	\$	
SE CONTRIBUTIONS TOWER SOUD CHOM PARES AND PARES DE			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Perio	d (3)	\$	
NEW NITROUGH STATES AND STATES OF THE STATES		repart by	
TOTAL for the Reporting Perio	A STATE OF THE PERSON OF THE P	\$	
			· · · · · · · · · · · · · · · · · · ·
TOTAL BRONGTADY CONTRIBUTIONS AND DESCRIPTION	·	·	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		s.	
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)			0.

SCHEDULE II PART F

PAGE _____OF ____

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Report	ing Period	
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Full Name of Contributor					
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SCHEDULE III

STATEMENT OF EXPENDITURES

FRIENDS 6	F PAVIL	BRENA	IAN F	rom <u>///</u> /	20 To 12 /2
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COM 11 THE			MO.	DAY YEAR	Amount
COMMITTED	10 ELECT	CARL	12	DAY YEAR 3/ ZOZO	\$ 45.
3830 PAP	ADE DIVA	ANDERS	Description	of Expenditure	
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	State	Zip Code (Plus 4)	ļ 	-	
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SCHEDULE IV STATEMENT OF UNPAID DEBTS

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

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Name of Creditor						
						Outstanding Balance
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or Crand Tark to a	Inpaid Debts on Pag					PAGE TOTAL