Commonwealth of Pennsylvania

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.)

(1407E THIS TEPOIT HIGH DE CIER AIR			be typed or printed in	Dide of black in	K./
Filer Identification Number:	Report Filed B	y:	CANDEDATE X	COMMITTEE	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: DAVID BREWNAW					
Street Address: 3407 GLENSIDE AV	EN	UE			
City:			State:	Zip Code:	8-2956
TYPE OF STN. TUESDAY 1. 2240 FRID REPORT PRE-PRIMARY REC PRIM	**********	•	30 DAY 3. POST PRIMARY	AMERIMENT AEPORT	YES NO. X
(place X to the right of ANNULAS 7. YEAR	820/46/866-8000/40/8		POST RECTION	TERMINATION REPORT!	YES X NG.
report type) HEPORI X	202	0	FILING METHOD AT CHECK SINE	PAPER	DISKETTE
Name of Office Sought by Candidate			DATE OF ELECTION	District Office Number Code ERIS CIT	Code Code
ERIE CITY COUN	· C/L	<u> </u>	11 5 2013	CAR COUN	/
Summary of Receipts	/EAR		MU DAY YEAR		FIGE USE ONLY
and Expenditures from: /// 2	020	То	12 31 2020		
A. Amount Brought Forward From Last Report		\$	0		ã B
B. Total Monetary Contributions and Receipts (From Sch	hedule ()	\$	0		dm E
C. Total Funds Available (Sum of Lines A and B)		\$	0	·	2021 JAN 28 70TER REGI
D. Total Expenditures (From Schedule III)		\$	0		86
E. Ending Cash Balance (Subtract Line D from Line C)		\$	0	1	28 PH 2: 23 COUNTY EGISTRATION
F. Value of In-Kind Contributions Received (From Sche	dule II)	\$	0		三、 。
G. Unpaid Debts and Obligations (From Schedule IV)	·	\$	0		≘ %
	AFFIDAV	650 VOLT 10000	**************************************	***************************************	
PART If this is a Committee report pressure sign control of remsylvania is seen for affirm) that this report, including the standard remsylvania correct and complete. Eric County	a Votary Sea	papar o	r computer diskette, are 19	andidate sign he the best of my kni	owledge and belief true
Sworn to and subscribed before me thyscommission expires Octol	y Fuoite		W//	M-	
27 THe or of JAN 1997 Asjon number 1	08 22 95	1		1/2	~
Daggay J. Kean		Į	Signature of	of Person Submittin	- · · · · · ·
(Signature 1) 26/202	9 .		(814)	Printed Name	
My commission expires / / / / / / / / / / / / / / / / / / /	<u> </u>	<u>}</u>	Area Code	Daytima	Telephone Number
PART II - If this is a report of a Candidate's Author		mitta	e Capitale shall see by		
I swear (or affirm) that to the best of my knowledge and belie (P.L. 1333, No. 320) as amended.					he Act of June 3, 1937
Sworn to and subscribed before me this					
day of	20				
		١	Sign	ature of Candidate	
Signature				Printed Name	
My commission expires MO. DAY YR.		1	Area Code	Daytime	Telephone Number

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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.

Name of Filing Committee or Candidat	Reporting	Period
	From	То
Name of Creditor		
		Outstanding Balance of
Meiling Address		\$
· · · · · · · · · · · · · · · · · · ·	DATE DEBT MID DAY	SEAR
City	INCURRED	
<u> </u>	State Zip Code	(Pius 4)
Description of Debt		
•		
Name of Creditor		
Mailing Address	<u> </u>	Outstanding Balance o
Terring Addiess	DATE MO. DAY	\$
Pity	DEBT INCURRED	LEAR
	State Zip Code (Plus 4)
escription of Debt		
<u> </u>		
ame of Creditor		
		Outstanding Balance of
alling Address	DATE	i \$
ity	DEBT MG. CAY	YEAR
	State Zip Code (P	lue A)
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me of Creditor		
		Outstanding Balance of
iling Address		\$
· · · · · · · · · · · · · · · · · · ·	DATE MG DAY	
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cription of Debt	State Zip Code (P)	us 4)
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ling Address		Outstanding Balance of (\$
,	DATE MG. DAY Y	EAR
	INCURRED	
	State Zip Code (Plu	5 4)
ription of Debt		
·	·	
e of Creditor		
		Outstanding Balance of D
ing Address	DATE	\$
	DEBT NO DAY YE	AR
	State Zip Code (Plus	- (4)
iption of Debt		71
·		
t de la final de la companya de la c	A Section 18 and 18	
or Grand Taxas and		PAGE TOTAL
" Grand Total of Unpaid Debt	s on Page 1, Report Cover Page, Item G.	
	-3-7 North G.	