CAMPAIGN FINANCE REPORT

PAGE	1	O۶		
			(COVER	PAGE)

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

Filer Identification Number: Report Filed By:	CANEDATE 1.	COMMITTEE 2. EORBYIST 3.
Name of Filing Committee, Candidate or Lobbylst: FRIENDS OF DAVID	BRENNAN	
Street Address:	ENUE	
City:	State:	Zip Code:
ERIE 21 MINERAL 1. MINERITARY 2.	PA-	16508-2956
TYPE OF STHILUSDAY 1. JIND FRIDAY 2. PRE-PRIMARY PRE-PRIMARY 2.	30 DAY 3. POST PRIMARY	AMENDMENT YES NO.
ATH TUESDAY 4 2ND FRIDAY 5.	90 DAY - 5. POST SLECTION	TERMINATION YES NO V
(place X to	EIFING EIETUGE	
report type) REPORT X ZO/	A CHIECC SINE DATE OF ELECTION	
	MOL DAY FAR	Number Code Code (Code
ERIE CITY COUNCIL	11 5 2013	CITY COUNCIL DEM ERIE
		FOR OFFICE USE ONLY
Summary of Receipts and Expenditures from:	0 /2 3/ 20/9	
		2020
A. Amount Brought Forward From Last Report \$	51.37	
B. Total Monetary Contributions and Receipts (From Schedule 1) \$ C. Total Funds Available (Sum of Lines A and B) \$	<u> </u>	
D. Total Expenditures (From Schedule III) \$	51.37	
E. Ending Cash Balance (Subtract Line D from Line C) \$		
F. Value of In-Kind Contributions Received (From Schedule II) \$		\U : : : : : : : : : : : : : : : : : : :
G. Unpaid Debts and Obligations (From Schedule IV) \$		
AFFIDAVII PARTI - this is a committee coport trassiver sign here.	a SECTION Itas∷s e Candidata repes:∈c	andidale sign here
I swear (or affirm) that this report, including the attached schedules, on pay correct and complete.	par or computer diskette, are to	the best of my knowledge and belief true,
Sworn to and subscribed before me this		
28THday of JANUARY 20 20		1.2-12
Lowny Linn	Signature o	Person Submitting Report
Gregory J Kern, Nevary Publica 21	(0111)	Printed Name
My commission expires October 26, 2022 DAY YR.	Area Code	Daytime Telephone Number
COMMISSION MUMBER 1004225		
PART II If this is a report of a Candidate's Authorized Comm I swear (or affirm) that to the best of my knowledge and belief this politic	40000	
(P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this	M	A suite 3, 1937
28TH day of JANUARY 20 20	1 <i>XIIII</i>	Mr-
Commonwealth of Pennsylvania Notary Seal	Sign	ature of Candidate
Green Man Monday Sign Sign Sign Sign Sign Sign Sign Sign	- DAVID	BRENNAN Printed Name
My commission of the Control of 10 M2 2 DAY 18.	Area Code	459-7937

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	edit	7/25/	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)	-	\$	
Total for the reporting period	(2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)		2000 S	
Contributions Received from Political Committees (Part C)		\$	
Alf Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	7.4: 2 3.7;		
Total for the reporting period	(4)	\$	0.00
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, Recover Page, Item B)	port	\$	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
FRIENDS OF DAVID BRENN	AN 1/1/2019 - 12/31/2019
A STATE OF THE PARTY OF THE PAR	

Full Name of Co	ntributor		01 to 0.	Date [MM/DD/YYYY]	\$	
						0.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
French State Communication Com						
City	p	State	Zip Code	Date [MM/DD/YYYY]	\$	
Section 1		April 1997	The second of th	414	ξ	
Description of C	ontribution	dinari Silan Silan Silan				
Full Name of Co	ntributor	· •		Date [MM/DD/YYYY]	\$	
THE CONTRACTOR OF THE CONTRACT						
House #	Street Address			Date [MM/DD/YYYY]	\$	-
A CONTRACTOR OF THE PROPERTY O						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		77.55 77.55	The state of the s			
Description of Co	ontribution		- 100 CARONES / ALLES			<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	₹ \$ ₹	
House #	Street Address			Date [MM/DD/YYYY]	\$	
The Sand Gard				The second of th		
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
			The state of the s	Grandshamer p and market and mark		
Description of Co	ontribution	Section 1 and 1 an	75			
Full Name of Cor	ntributor.			Date [MM/DD/YYYY]	\$	
House of the second seco	millioner					
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Sample of the state of the stat					
City :	1.1 (1.2 (1.2 (1.2 (1.2 (1.2 (1.2 (1.2 (State	Zip Code	Date [MM/DD/YYYY]	\$	
		And The Control of th	And manager of the state of the			
Description of Co	ontribution					****
Full Name of Cor	tributor.			Date [MM/DD/YYYY]	\$	
	200 - 200 -		•	The second secon		
House #	Street Address			Date [MM/DD/YYYY]	\$	
No.	Charles (Advisory Control of Cont					
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$	
The second secon		The second secon		Marin Service To the Property of the Control of the		
Description of Co	ontribution	A Section 1997	away	<u> </u>		
		MATE				

Statement of Expenditures

Filer Identification Number:	FRIENDS OF DAVID BRENNAN	1/1/2019 - 12/31/2019	

To Whom Paid				Date [MM/DD/YYYY] \$
CONTROL OF THE CONTRO				0.00
House #	Street Address			Description of Expenditure
City		State	Žip Code	
To Whom Paid	্	/3- F R	Section 19 Miles (19)	Date [MM/DD/YYYY] \$
Marie Company				
House #	Street Address			Description of Expenditure
City	to an information to the control of	State	ZIP Code	
To Whom Paid	HI	<u> </u>	The state of the s	Date [MM/DD/YYYY] \$
CONTROL OF THE PROPERTY OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
House #	Street Address			Description of Expenditure
City		State	Zip- Code	00 3/4 123 12 12 12 12 12 12 12 12 12 12 12 12 12
To Whom Paid		8.3 V.3.74	\$467-100 100	Date [MM/DD/YYYY] \$
	*** ***			
House #	Street Address			Description of Expenditure
City	1275; <u></u>	State	ZIP Code	Philipson and the state of the
To Whom Paid	200		SANTEN SERVICE	Date [MM/DD/YYYY] \$
appropriate and the second sec				The same of the sa
House #	Street Address			Description of Expenditure
City.	TANASSA AND AND AND AND AND AND AND AND AND AN	State	Zip Code	The second secon
To Whom Paid		prepared to the	Employers were suit of the	Date [MM/DD/YYYY] \$
Frank Assert	[
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
10 10 10 10 10 10 10 10 10 10 10 10 10 1				
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		·»	Description of Expenditure
A CONTROL OF THE CONT				
City		State	Zip Code	

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.

FRIENDS OF DAVID BRENNAN		1/1/2019 - 12/31/2019

Name of Creditor		DAVID BRENNAN					C	Outstanding Balance of Debt
House #	Stre	et Address 3407 GLENSIDE AVENUE	:	Carrie and a second	E DEBT IN MM/DD/\	(YYY)	: :\$	
Gity:	Section 1	ERIE	State	PA	VARIOU Zip Code	S 16508	F.	5.97
Description of Debt		VARIOUS CAMPAIGN EXPENSES INCL	JRRED IN 2	2011 AND		T OF REPA	YME	ENTS IN 2013-2015.
Name of Creditor	4.0650						0	utstanding Balance of Debt
House #	Stree	t Address		C	E DEBT:IN MM/DD/Y	processor, and appropriate the processor of the contract of th	\$	A STATE OF THE STA
Clty	i in the second		State		Zip Code			
Description of Debt	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-					-
Name of Creditor	Chipae An				- **		0	utstanding Balance of Debt
House #	Stree	t Address	· · · · · · · · · · · · · · · · · · ·		DEBT INC VM/DD/Y		\$	A SAME OF STREET, STRE
cky	MANUEL I	es anno anno anno anno anno anno anno ann	State		Zip Code		Will Told	
Description of Debt	A CONTRACTOR							
Name of Creditor	J.6.						O	utstanding Balance of Debt
House #	Stree	t Address	2		DEBT INC		\$	
City Description of Debt			State		Zip Code	4	100 mg/m	
And the state of t								
Name of Creditor			***	•			Ou	itstanding Balance of Debt
House #	Stree	Address	i i i i i i i i i i i i i i i i i i i		DEBT INC		\$	A confidence of the confidence
City and the second sec			State		Zip Code			
Description of Debt	PONTAL PROPERTY OF THE PROPERT							
Name of Creditor	- 100 A						Ou	tstanding Balance of Debt
House #	Street	Address	Mills		DEBT INC		\$	
City			State		Zip Code			
Description of Debt	7 / / / / / / / / / / / / / / / / / / /	-	partitional Till Selfer	<u> </u>		•		, , , , , , , , , , , , , , , , , , , ,