Reset Form		

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

Filer Identification Number	(restar)	Rep	ort Filed irk X)		Candid		X	Committee			Lob	byist			
Name of Filing Committee, Candidate or Lobbyist			Brian Shank												
Street Address 412 Cambridge					Rd										
Clty Erie			State			PA Zip Code 16				6511					
Type of Report (Place x under	report type)					' 		Treat, NOAT, C., NOT NA	· · · · · · · · · · · · · · · · · · ·						
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post Primary		. 6 th Tuesday 5 2 nd Friday re- Election Pre- Election		7220 SYA	6-30 Day Post 7- Annual Election						ecial 30 Day			
		Γ	1	T			TX.007097			a de servicio T		FEECTION			
Date Of Election (MM/DD/YYYY)	11/5/2019	Year		2	020	Amendr Report	nent		Termina Report	tion					
Summary of Receipts and Expenditures	From Date		To Date)				For	Office Use	Only					
and well a state to state the plan.	12/31/19		1	2/31/20	0		g e e								
A. Amount Brought Forward F				82.02						5	2821	AND DESCRIPTION OF THE PARTY OF			
B. Total Monetary Contributions and Receipts (From Schedule I)		49.	\$ 50.00						;	TE TE	E				
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D-from Line C) F. Value of In-Kind Contributions Received (From Schedule II)			\$ 132.02 \$ 0 \$ 132.02 \$ 0						RECO						
						T AM II: IL									
G. Unpaid Debts and Obligations (From Schedule IV)			ō	۹.,											
Part 1- If this is a Committee report	***********	0			idavit Sec										
I swear (or affirm) that this report, i	, treasurer sign ne neluding the attac	re. If kn	eclules on	999 P. (report, car is to the b	ididate sign est of my k	n here.	e and heliafte	Se correct s	and complet					
I swear (or affirm) that this report, including the attached schedules on song, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Signature															
and the Manuary 20 of 1			z, Not	Associated	U	Signature of Person Submitting report									
Signature 1 3 - 2 3 MO. DAY YR.			ande in ex	ion nu vania	-	Printed Name									
		Iweaith	nia Ferr I ommiss	ommiss Pennsy	-	rea Code Daytime Telephone Number									
Part II. If this is a report of a Candida	and Australia of C							,.		one numbe	,				
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and be list this political symmittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.															
Sworn to and subscribed before me	this														
day of	20		1					A 5 - 1:1							
Signature						Signature of Candidate									
Filling Name						,									
My Commission expires MO. (DAY YR.				Are	ea Code		Daytir	ne Telephor	ne Number	—				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		1 1900	
Total for the reporting period	(1)	\$	50.00
2. Contributions of \$50:01 to \$250:09 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		1000 (410)	I
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
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	\$	