

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed ((Mark X)	By Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brian Shank			Reservation In the contract of	300 Page 1865 - 1871 1	<u> </u>
Street Address	412 Cambridge	e Rd				100 2 1 100 100 100 100 100 100 100 100
City Erie		State	PA	Zip Code	16511	
Type of Report (Place x under report type)		·				
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				$\overline{\mathbf{X}}$		
Date Of Election (MM/DD/YYYY)	Year	2020	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			Far	Office Use Only	
A. Amount Brought Forward From Last Report	\$					<u>2</u> 070
B. Total Monetary Contributions and Receipts	\$				C)	(,,,,,,,
(From Schedule:I) C. Total Funds Available	\$ \$	82.02				
(Sum of Lines A and B) D. Total Expenditures	\$	0			t y	\Box
(From Schedule III) E. Ending Cash Balance	\$					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	82.02				in TF
(From Schedule II) G. Unpaid Debts and Obligations	\$	0				·
(From Schedule IV)	T .	0				
Part 1- If this is a Committee report, treasurer sign he	≤ aro∰fithici≠ a Can	Affidavit Sec				/
I swear (or affirm) that this report, including the attach	chell schedules of			ge and belief tr	re, correct and complet	te.
Sworn to and subscribed before me this	뒤음음 글	.≰]	20	~ ×	7/	
Jon in I Wan and en	ernandez, Erie Col ission exp ission nun nsylvania A	Bri 81	Signature of	of Person Submi	tting report	_
Signature	Eria Count ion expire ion numbe ivania Asso	enns	an Onank	Printed Name	<u> </u>	
My Commission expires 4-3-23	୍ ଆଦ ୪ ୬ ୭ ୦		• • • • • • • • • • • • • • • • • • • •	873-		···-
MO. DAY YR.	185 2	^p z	rea Code	Day	ime Telephone Numbe	r
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge a amended.	and gelief thus poli	tical committee h		provisions of th	ne Act of June 3, 1937 (i	P.L. 1333, NO.320) as
Sworn to and subscribed before me this	es	eal				
	*	, en				
day of20	- <u> </u>		Signa	ature of Candid	ate	
Signature	-	*******	ı	Printed Name		<u> </u>
My Commission expires MO. DAY YR.			rea Code	Double	na Talanhana Numbar	_
INO. DAI TR.		Ar	ea Couc	Daytii	ne Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

was the contract of the state o	_	_	
1 Unitermized Contributions and Occupants Above	Jan State Comment	25000	With the Selfs, program to the control of the analysis and the self-self-self-self-self-self-self-self-
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	The second secon
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			<u> </u>
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
		<u></u>	L
Total for the reporting period	(2)	\$	
Total for the reporting period 3. Contributions Over \$250.00 (From Part C and Part D)	(2)	\$	
	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	(2)		
3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C)	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	(3)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period	(3)	\$ \$	0

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 Identificatio	n Number				
Tellust standfeste et ak ettak ja	DEC C. 191 26 (1911) 2.76 [19]			······································	Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>		Date [MM/DD/YYYY] \$	<u>.</u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing				[200]	
Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · ·
Full Name of Co Committee	ntributing	Type Marker (Company)	Participation (Commission)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
City	1,2,200,41,000,13,99,01	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing		and a Marchaeth of a 1947 19	Date [MM/DD/YYYY] 5	
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
Gty	the mark mark as to the f	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing Therese G	ileza	1.4 Modes (10.3) #6-360 (108)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	max statis	Historia e de la compressión d	Date [MM/DD/YYYY] \$	·
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART B 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			Date [MM/DD/YYYY] \$
House# Street Addres	Š		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
	6.46.60	37.463.4.034.333	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	5		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S.
Full Name of Contributor	F24)/42=4/425()		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		·	Date [MM/DD/YYYY] \$
House # Street Address		- Annual Annual Market annual	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	·		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	RATE STATE	<u> </u>	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$

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.

Filer identification Number:

			<u> </u>	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
Tipuse:#			Date (MM/DD/strut)	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			State Committee of the State S	
Full Name of	(電視: 48 m)		Date (MM/DD/WW) \$	
Contributing Committee			Agre Trum/SAN 11 A	
House # Street Address			Date [MM/DD/YYYY] \$	
.City	State	Zip Cade	Date [MM/DD/YYYY] \$	
	100			ļ
	2566,750	CONTROL OF THE		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
2011430116				
House # Street Address			Date [MM/DD/YYYY] \$.	
en artista servicioni				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	State		Agreement Age	
Full Name of			THE TAX KARRA A	
Full-Name of Contributing Committee			Date [MIV/DD/YYYY] \$	
Control of the Contro				
House # Street Address			Date [MM/DD/YYYY] \$	
City 1	State	Zip Code	Date [MM/DD/YYYY] 5	
City	State	211 COUE	Pate Initial Prof. (18.1)	
(日本の子の)が発 というでは、日本の子の子の子の子の子の子の子の子の子の子の子の子の子の子の子の子の子の子の子				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	•
Continue Committee			55 Arc.	}
House # Street Address			Date [MM/DD/YYYY] /\$	
Citie	6-12-20	Cais Again and	PROCEED AND AND AND AND AND AND AND AND AND AN	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	farit (A. W. P.C.)			
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	-		Date [MM/DD/YYYY] \$	
	FT 2000 (28) (28) (28)	1700000 \$ 0.00 250000 25, 85000 \$ 0.1	185 185	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	49.45			

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:

Full Name of Contributor			Date [MM/DD/YYYY] \$	\
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]\$-	
Employer Name		,,	Occupation	
Employer Mailing Address / Principal Place of Business			位置なできなから	
Full Name of Contributor	Sec. (1962) (1964)		Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			To Go Phant Challe She She H	**
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business		N-1	L. redocustrations viscous despite 1	

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.

Filer Identification Numbers

Full Name	(2.000)			
	# # # # # # # # # # # # # # # # # # #			- Andrew Control of the Control of t
House #	Street Address			
City	Character and the character an	State	Zip	Date [MM/DD/YYYY] \$
najmikat orangan pa			Code	
Receipt Description		**************************************		
Full Name				
House #	Street Address			· · · · · · · · · · · · · · · · · · ·
City		State	In. ► ■ 1.2 20 (1.5 C.) (1.5 C.)	Power of the state
City			Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
10 May 10 Ma	in in the contract of the cont		•	
Full Name				
House #	Street Address			
City		State :	Zip	Date [MM/DD/YYYY] \$
		96	Code	
Receipt Description				
Full Name				
		No. Transaction of the Control of th		
House:#	Street Address			
City	The property of the same of th	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
4 T. C.	A CONTRACTOR OF THE CONTRACTOR	TO ALL COLLEGE		Date (MM/DD/YYYY) \$
City		State	Zip Code	Commence of the Commence of th
Receipt Description	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Full Name				
House #	Street Address			
City		State	2ip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				

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

Filer identification Number:			
1. UNITEMIZED IN KIND CONTI	DIDUTIONS DESCRIVED VA		D-CONTINUETOR
TOTAL for the reporting period	(1)	\$	S CONTRIBUTOR
2. IN-KIND CONTRIBUTIONS RE	ATIVER WANTE ARCEA	14TO 525A 00 450 ON DADY	TA.
TOTAL for the reporting period	(2)	\$	F)
3. IN-KIND CONTRIBUTION REC	EWS52VANEESVERG95	JAD (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING \$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	ilso enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 1.		
	·	

niza zameniani da como entreta. Ven de sido di Sa	Oznarskel			From Market Control of Market Market Market Control of Market Market Market Market Control of Market	report
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
				3,390	
		I acceptance	The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY]	(
Description of Contrib	oution			1	<u> </u>
		Ž			
Full Name of Contribu	itor.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
		(Additional Control	We to constitute the constitute		
City		State.	Zip Gode	Date [MM/DD/YYYY]	
Description of Contrib	oution	30000048882797755701 3	(5,000, 83,00°), 6,280,00°, 90,3000		333.53
The state of the s					
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
9.0					
House#	Street Address		Water and the same	Date [MM/DD/YYYY]	
		1.10.0.02.01.00	Index (Assist Posts) control Select		988
City		State	Zip Code	Date [MM/DD/YYYY]	
		100			
Description of Contrib	ution				
Full Name of Contribu	tar I			Date [MM/DD/YYYY]	
ruir vaine or contribu					
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
643			Zip code		
Description of Contrib	orain Laure Williams	53(0)3(0)	3.5 mm (2.5 mm)		8 % <u>-</u>
DESCRIPTION OF CONTROL	ULIUN				
Full Name of Contribu	tor	<u>'</u>		Date [MM/DD/YYYY]	\$
				The state of the s	
20 - Can-					
House #	Street Address		0	Date [MM/DD/YYYY]	
City	to expense \$10, it is inquite to be the first to.	State	Zip Code	Date [MM/DD/YYYY]	\$
				CONTRACTOR OF THE PARTY OF THE	\$00
Description of Contrib	ution				(A)

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Filer Identification Number:	
	·
And of the safe to	

Marine regulation and the Arrest Area		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House:# Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Pull Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date (MM/DD/YYYY) \$
City	State Zip:Code	Date [MIN/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number		
Filer identification Number:		
AND AND AND THE SECOND SECTION OF A SECOND SECTION OF THE SECOND SE		
ESTERN DESCRIPTION OF THE PROPERTY OF THE PROP		

To Whom Paid	-			Date [MM/DD/YYYY]	₽
House#	Street Address			Description of Expenditu	re
City	_Pesses_	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	#A
House #	Street Address	·		Description of Expenditur	e
.Gity		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address	·		Description of Expenditure	
		Tener, water server			
City		State	Zip Code		
To Whom Pald				Date [MM/DD/YYYY] 5	
House #	Street Address			Description of Expenditure	8.
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
	de construction		100	orbert, freihelt a ih einstell von eanstelle.	da kalendar de Esperago (de porte. Barrio de Carros (de porte de porte d
City		State	Zip Code		
to Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	3
City	1-1925 (1927) 1925 (1927) 1935 (1927) 1935 (1927) 1935 (1927) 1935 (1927) 1935 (1927) 1935 (1927) 1935 (1927)	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	3
City.	I. V. dang regression was several states and	State	Zip Code:		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Elty	Control Control	State	Zip Code	The state of the s	The second second is a second

SCHEDULE IV Statement of Unpaid Debt

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Ose tris Se Filer Identification Nu		ebts and obligations which are outstanding at the	end of the reporting period.
	-		
Name of Creditor		· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	9
		[[w]w/cD/;++1]].	
City		State Zip Gode	
Description of Debt		President Art Chaire Short	, production of the second of
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		Construction of Construction (Construction Construction C	
City	444	State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		(Prody Ody (Sec.)	
City		State Zip Code	
Description of Debt		phosphologic and large and community	[Max 83]
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of Debt		Code	-
Description of Deat			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE GEBT INGURRED [MM/DD/YYYY]	
City		State Zip	
Description of Debt		Code	
Description of Deat			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State 2ip	
		Code	
Description of Debt	0.43578.38		