

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Brian Shank							
Street Address		412 Cambridge Rd							
City	Erie	State	PA	Zip Code	16511				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		5-16-21 BCS		Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/03/2021	6/7/2021	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 JUN 17 PM 12: 12 ERIE COUNTY VOTER REGISTRATION </div>
A. Amount Brought Forward From Last Report		\$ 759.32	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 6582.40	
C. Total Funds Available (Sum of Lines A and B)		\$ 7341.72	
D. Total Expenditures (From Schedule III)		\$ 785.51	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 6556.21	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20__

Signature

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report
Brian Shank

Printed Name

814 Area Code 873-3612 Daytime Telephone Number

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 belief this political committee 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 June 2021

Signature

My Commission expires _____ MO. DAY YR.

Brian C Shank
Signature of Candidate

BRIAN C SHANK
Printed Name

814 Area Code 873-3612 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Jill Pennsy, Notary Public
Erie County
My commission expires October 4, 2022
Commission number 1341483

Member, Pennsylvania Association of Notaries

THE UNIVERSITY OF CHICAGO
 THE EAST ASIAN LIBRARY
 540 EAST ASIAN LIBRARY
 540 EAST ASIAN LIBRARY
 540 EAST ASIAN LIBRARY

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filler Identification Number	
------------------------------	--

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	5182.40
------------------------------------	----	---------

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	1100.00
Total for the reporting period (2)	\$	1100.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	300.00
Total for the reporting period (3)	\$	300.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4)	\$	6582.40
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 6582.40

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]	\$
Lori Hetrick						06/05/2021	250
House #	2614	Street Address			E 26th St	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Bradley Peganoff						06/05/2021	150
House #	223	Street Address			Stonegate Dr.	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Louis Norman						06/05/2021	250
House #	12851	Street Address			Route 89	Date [MM/DD/YYYY]	\$
City	Wattsburg	State	PA	Zip Code	16442	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Bob's Gun Shop and Indoor Range						01/30/2021	250
House #	8470	Street Address			Edinboro Rd	Date [MM/DD/YYYY]	\$
City	McKean	State	PA	Zip Code	16426	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Barbara Moore						05/07/2021	100
House #	1409	Street Address			Oakmont Avenue	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Michelle Ghisson						06/04/2021	100
House #	5972	Street Address			GRUBB RD,	Date [MM/DD/YYYY]	\$
City	Erie	State	pa	Zip Code	16506	Date [MM/DD/YYYY]	\$

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				David Vascovich		Date [MM/DD/YYYY]	\$	300
						06/05/2021		
House #	18231	Street Address		East Forest Rd		Date [MM/DD/YYYY]	\$	
City	Cambridge Springs		State	PA	Zip Code	16403	Date [MM/DD/YYYY]	\$
Employer Name				Self-Employed		Occupation	Auto Repair	
Employer Mailing Address / Principal Place of Business				18231 East Forest Rd. Cambridge Springs PA 16403				
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								
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								
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								

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
-------------------------------------	--

To Whom Paid	Gordon Food Services	Date [MM/DD/YYYY]	\$	60.23
		06/04/2021		
House #	Street Address	Description of Expenditure		
6740	Peach St	food for fundraiser		
City	State	Zip Code		
erie	pa	16509		

To Whom Paid	Gordon food services	Date [MM/DD/YYYY]	\$	458.05
		06/04/2021		
House #	Street Address	Description of Expenditure		
6740	peach st	food for fundraiser		
City	State	Zip Code		
erie	pa	16509		

To Whom Paid	giant eagle	Date [MM/DD/YYYY]	\$	68.99
		06/05/2021		
House #	Street Address	Description of Expenditure		
4265	buffalo rd	cake for fundraiser		
City	State	Zip Code		
erie	pa	16510		

To Whom Paid	apparel in bags	Date [MM/DD/YYYY]	\$	198.24
		05/05/2021		
House #	Street Address	Description of Expenditure		
3030	N rocky point drive	t-shirts		
City	State	Zip Code		
tampa	fl	33607		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

