

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: N/A	Report Filed By: CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DAVID BRENNAN			
Street Address: 3407 GLENSIDE AVENUE			
City: ERIE		State: PA	Zip Code: 16508-2956
TYPE OF REPORT (place X to the right of report type)	1. 4TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY
	4. 8TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR 2018		FILING METHOD (✓) CHECK ONE
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

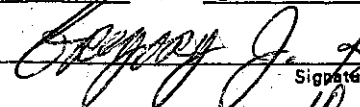

Name of Office Sought by Candidate: ERIE CITY COUNCIL	DATE OF ELECTION MO. DAY YEAR 11 5 2013	District Number ERIE CITY COUNCIL	Office Code CITY	Party Code DEM	County Code ERIE
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Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR			FOR OFFICE USE ONLY
	A. Amount Brought Forward From Last Report							
B. Total Monetary Contributions and Receipts (From Schedule I)								
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)								
G. Unpaid Debts and Obligations (From Schedule IV)								

AFFIDAVIT SECTION

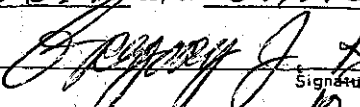
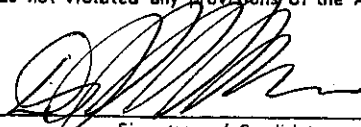
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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

Sworn to and subscribed before me this 26TH day of JANUARY  Signature My commission expires 10/26/2022 MO. DAY YR.	Commonwealth of Pennsylvania - Notary Seal Gregory J Kern, Notary Public Erie County My commission expires October 26, 2022 Commission number 1084295	 Signature of Person Submitting Report DAVID M. PIANTA. Printed Name 814 392-0216 Area Code Daytime Telephone Number
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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 26TH day of JANUARY  Signature My commission expires 10/26/22 MO. DAY YR.	Commonwealth of Pennsylvania - Notary Seal Gregory J Kern, Notary Public Erie County My commission expires October 26, 2022 Commission number 1084295	 Signature of Candidate DAVID BRENNAN Printed Name 814 459-7937 Area Code Daytime Telephone Number
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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF DAVID BRENNAN	Reporting Period 1/1/18 12/31/18
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$5000 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS ASSOCIATED TO ELECTION (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (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)	\$
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

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, Report Cover Page, Item B.)	\$ 0
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate FRIENDS OF DAVID BRENNAN	Reporting Period From 1/1/18 To 12/31/19
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF DAVID BRENNAN	Reporting Period From 1/1/18 To 12/31/18
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				Amount
To Whom Paid	MO.	DAY	YEAR	
Mailing Address				\$ 0
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				\$
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 0

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.

Name of Filing Committee or Candidate FRIENDS OF DAVID BRENNAN	Reporting Period From 1/1/18 To 12/31/18
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Name of Creditor DAVID BRENNAN				Outstanding Balance of Debt \$ 5.97	
Mailing Address 3407 GLENSIDE AVE		DATE DEBT INCURRED	MO.	DAY	YEAR
City ERIE			VARIOUS		
Description of Debt VARIOUS CAMPAIGN EXPENSES INCURRED IN 2011, 2012, NET OF REPAYMENTS IN 2013-2015		State	Zip Code (Plus 4) PA16508		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City					
Description of Debt		State	Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City					
Description of Debt		State	Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City					
Description of Debt		State	Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City					
Description of Debt		State	Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City					
Description of Debt		State	Zip Code (Plus 4)		

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 5.97
