

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:		Report Filed By:		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
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	AMENDMENT REPORT		YES	NO		
	4. 8TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT		YES	NO		
	7. ANNUAL REPORT <input checked="" type="checkbox"/> YEAR 2020			FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE	

Name of Office Sought by Candidate: ERIE CITY COUNCIL				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR	ERIE CITY	CITY COUNCIL	DEM	ERIE
				11	5	2013				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	1	1	2020		12	31	2020
A. Amount Brought Forward From Last Report	\$ 51.37						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$						
C. Total Funds Available (Sum of Lines A and B)	\$ 51.37						
D. Total Expenditures (From Schedule III)	\$ 51.37						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0						

FOR OFFICE USE ONLY

ERIE COUNTY
 VOTER REGISTRATION
 JAN 28 PM 2:23

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 27th day of JANUARY, 2022.
 My commission expires October 26, 2022.
 Commission number 1084295.

Gregory J. Kern, Notary Public
 Erie County

Signature of Person Submitting Report: DAVID M. PIANTA
 Printed Name: DAVID M. PIANTA
 Area Code: (814) Daytime Telephone Number: 392-0216

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. 333, No. 320) as amended.

Sworn to and subscribed before me this 27th day of JANUARY, 2022.
 My commission expires October 26, 2022.
 Commission number 1084295.

Gregory J. Kern, Notary Public
 Erie County

Signature of Candidate: DAVID BRENNAN
 Printed Name: DAVID BRENNAN
 Area Code: (814) Daytime Telephone Number: 459-7937

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

CONTRIBUTIONS UP TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$

CONTRIBUTIONS UP TO \$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)	\$

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, 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	Reporting Period From _____ To _____
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
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
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF DAVID BRENNAN	Reporting Period From 11/1/20 To 12/31/20
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				Amount
To Whom Paid DAVID BRENNAN	MO.	DAY	YEAR	\$ 5.97
Mailing Address 3407 GLENSIDE AVENUE	12	31	2020	
City ERIE	Description of Expenditure REPAYMENT OF			
State PA	Zip Code (Plus 4) 16504			
CANDIDATE EXPENSES				
To Whom Paid COMMITTEE TO ELECT CARL	MO.	DAY	YEAR	\$ 45.40
Mailing Address 3830 PARADE BLVD ANDERSON	12	31	2020	
City ERIE	Description of Expenditure CONTRIBUTION			
State PA	Zip Code (Plus 4) 16504			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	\$
Mailing Address				
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ **51.37**

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

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

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

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

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

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

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

PAGE TOTAL
\$ 0