

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)	Candidate	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		11/02/2021		Year	2022		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		11/23/2021	
A. Amount Brought Forward From Last Report	\$	1118.25	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	350	
C. Total Funds Available (Sum of Lines A and B)	\$	1468.25	
D. Total Expenditures (From Schedule III)	\$	333.64	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1134.61	
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

Signature of Person Submitting report

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

_____ Area Code _____ 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 _____ 20____

Signature

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

_____ Area Code _____ Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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	Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	350
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All Other Contributions (Part B)	\$	
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	Total for the reporting period	(2)	\$	350
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	
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	Total for the reporting period	(3)	\$	0
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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	Total for the reporting period	(4)	\$	350
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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>	\$	
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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	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Brad Peganoff					11/23/2021	250.00
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]	\$
james scheuer					11/28/2021	25.00
House #	9556	Street Address		shaddock rd	Date [MM/DD/YYYY]	\$
City	mckean	State	pa	Zip Code	16426	Date [MM/DD/YYYY]
Full Name of Contributor					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			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]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	amazon	Date [MM/DD/YYYY]	11/14/2021	\$	333.64
House #	410	Street Address	terry ave north		
City	seattle	State	wa	Zip Code	98109
Description of Expenditure					
mailings					

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

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

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

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

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

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

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



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

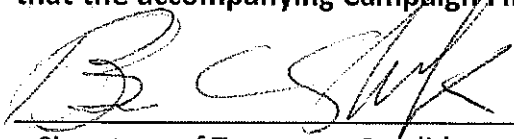
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.



Signature of Treasurer, Candidate, or Lobbyist

1-31-2022

Date (DD/MM/YYYY)

BRIAN C SHANK

Printed Name

ERIE PA

Location (City/State/Country)