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	Committee		Labbyist			
Name of Filing Committee, Candidate or Lobbyist	_	A (PAM)	BRINK		Stocker Good Communication of the Communication of			
Street Address	7340	BEECHLURG	X LANE					
City ERIE	× / 2 / /	BEECHWOO State	Zip Code	16511				
Type of Report (Place x under report type)								
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pos	[25 v 7 v 7 v 8 v 9 v 9 v 9 v 9 v 9 v 9 v 9 v 9 v 9	2 nd Friday 6- 30 Day	/ Post 7- Annual	Special 2 nd Friday	Special 30 Day			
Pre-Primary Pre-Primary Primary	Pre-Election Pr	e-Election Election		Pre-Election	Post-Election			
Date Of Election (MM/DD/YYYY) ////2/2/2/2	Year	Amendn Report	ient	Termination Report				
11/04 2021					Ll			
Summary of Receipts and From Date Expenditures 10/4/3/	To Date	7/2/	FOR C	Office Use Only				
A. Amount Brought Forward From Last Repor		1/2/						
B. Total Monetary Contributions and Receipt	\$ \$ 951	7 2/		·	on-			
(From Schedule 1) C. Total Funds Available	\$,26		Topin Brogers Annalis	organisms			
(Sum of Lines A and B)	Funes A and B) 757. 26							
D. Total Expenditures (From Schedule III)	\$ 75	\$ 757.26 \$ 757.26 \$ 757.26						
E. Ending Cash Balance	\$				no.			
(Subtract Line D from Line C)		ζ		ell'ac	ing ngal kita			
F. Value of In-Kind Contributions Received (From Schedule II)	^{\$} &	Ž ·		Control of the contr				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 84		•					
1990 000 000 000 000 1990 1900 1900 100 000 0		Affidavit Section						
Part 1- If this is a Committee report, treasurer sign has swear (or affirm) that this report, including the atta	ne economic and a second of the second of th	etalsanghtacanglishatselish	here.	e correct and complet	Α			
Sworn to and subscribed before me this	Erio	e County	7 1 1	- <i>1</i>	••			
24 Say of Catobaro Q (Expires May 26, 2023 Number 1290868	amela Bu	nl				
VIA ichelle From	14	Sig	ature of Person Submi	tting report				
Signature	* ·		Printed Name					
My Commission expires 5 24 2	3	814		150-9696	<u>. </u>			
MO. DAY YR	•	Area Code	Dayt	ime Telephone Numbe	r			
Part II- If this is a report of a Candidate's Authorized	l Committee, candidat	e shall sign here.						
I swear (or affirm) that to the best of my knowledge amended.	and belief this politica	l committee has not viola	ated any provisions of th	ne Act of June 3, 1937 (F	P.L. 1333, NO.320) as			
Sworn to and subscribed before me this								
day of20	- 1	· ·	Cignotine of Com 31.3	ato `				
			Signature of Candidate					
Signature	. 1		Printed Name					
My Commission expires		Aug Cod		ma Talanhara Mire-t				
MO. DAY YR.		Area Code	uaytı	me Telephone Number				

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 Aumber:	
Full Name of Contributor PAMEZ-A (PAM) BRINK	Date [MM/DD/YYYY] \$ 10/4/21 500.00
House # Street Address 7349 BLEC/+WOOD LANE	Date [MM/DD/YYYY] 5 /0/6/21 357-26
City ETRICE State PA Zip Code /65/11 Employer Name SEZ F	Occupation 7/3X COLLECTOR
Employer Mailing Address / Principal Place of Business 5601 BUFFALO ROAD HARF Full Name of Contributor	D Designation of the Section of the
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 MMADDAYAY
House # Street Address	Date [MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business Full Name of Contributor	poate MM/DD/MAY)
House并 Street Address	Date [IMIVI/DD/XYXY] \$
City State Zip Code	Date [MM/DD/YYYY] \$

Employer Mailing Address / Principal Place of Business

Statement of Expenditures

To Whom Paid			2		Date (MM/00)	it in the second	<i>C</i> -0-0
House #	Street Address	SIGN SHOP			Description of	タノ Expenditure	500.00
2936 City	,	PEACH STA	REET Zio				
ER2	ど	PA	Code	16508	SIGN		ゴナ
To Whom Paid	303	SIGN SHO	oP		Date [MM/DD/		257,26
House #	Street Address	2 /			/ O / C / Description of	Expenditure	om same en grant de
2936 City ===0		State	TREET ZIP		C C C C		panyan (SIM) isang pagabaga
<i>ER.</i> To Whom Paid	IE	PA	Code	16508	SIGN Date (MM/DD)		
House#	Street Address				Description of	Expenditure	
City		State	2ip Code	i			
To Whom Paid	,				Date (VIM/DD)	<u> </u>	
House #	Street Address				Description of I	Expenditure	
City		State	Zip Code				IN THE STATE OF TH
To Whom Paid					:Date [MM/DB/	<u> </u>	
House #	Street Address				Description of I	Expenditure	
City	1986 A resident CS C State Conservation S regarded as a depth of the Conservation C	State	Zip Code		CALLED CALLED CALLED AND A SECOND CALLED CAL		
To Whom Paid					Date (MM/DD)	'YYYY] \$	
House #	Street Address				Description of I	Expenditure	
City	,	State	Zip Code				
To Whom Paid					Date (MM/DD)	(YYYYY) 5	
House #	Street Address				Description of 1	Expenditure	
City		State	Zip Code				
To Whom Paid					Date (MM/DD)		
House #	Street Address				Description of	Expenditure	
City		/State	Zip Code				