

# 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		PAMELA (PAM) BRINK						
Street Address		7349 BEECHWOOD LANE						
City	ERIE	State	PA	Zip Code	16511			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<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"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/02/2021		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/4/21	10/18/21	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	757.26	
C. Total Funds Available (Sum of Lines A and B)	\$	757.26	
D. Total Expenditures (From Schedule III)	\$	757.26	
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	

## 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 schedule, is true and correct to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of October 2021  
 Signature: Michelle Gendry

Erie County  
 My Commission Expires May 26, 2023  
 Commission Number 1290868

Signature of Person Submitting report: Pamela Brink  
 Printed Name: PAMELA BRINK

My Commission expires 05 26 23  
 MO. DAY YR.

814 Area Code  
 450-9696 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

**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:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
PAMELA (PAM) BRINK				10/4/21		\$	500.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
7349	BEECHWOOD LANE			10/6/21		\$	257.26
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
ERIE	PA	16511				\$	
Employer Name				Occupation			
SELF				TAX COLLECTOR			
Employer Mailing Address / Principal Place of Business				5601 BUFFALO ROAD HARBORCREEK PA 16421			
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	
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To Whom Paid	303 SIGN SHOP	Date (MM/DD/YYYY)	10/4/21	\$ 500.00
House #	Street Address	Description of Expenditure		
2936	PEACH STREET			
City	State	Zip Code		
ERIE	PA	16508	SIGN DEPOSIT	

To Whom Paid	303 SIGN SHOP	Date (MM/DD/YYYY)	10/6/21	\$ 257.26
House #	Street Address	Description of Expenditure		
2936	PEACH STREET			
City	State	Zip Code		
ERIE	PA	16508	SIGNS	

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		

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		