

# 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
Name of Filing Committee, Candidate or Lobbyist		PAMELA (PAM) BRINK		
Street Address		7349 BEECHWOOD LANE		
City	State	Zip Code		
ERIE	PA	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/21/2021								

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/21	11/22/21	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2099.91	
C. Total Funds Available (Sum of Lines A and B)	\$	2099.91	
D. Total Expenditures (From Schedule III)	\$	2099.91	
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)	\$		

## 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

22 day of November 21  
 Michelle Gronda  
 Signature

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

Pamela Brink  
 Signature of Person Submitting report  
 PAMELA BRINK  
 Printed Name

My Commission expires 5 26 2023  
 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					10/26/2021	2099.91
House #	Street Address				Date [MM/DD/YYYY]	\$
7349	BEECHWOOD LANE					
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						

## PART E

## Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name	PRINTING CONCEPTS INC								
House #	4982	Street Address	PACIFIC AVE						
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	10/26/21	\$	2099.91
Receipt Description	POLITICAL MAILER / POSTAGE								

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									