

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	BR	UNGESD	Repo	ort Filed B rk X)	y Candida	te	X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist Devin Brunges					I		L		<u></u>	
Street Address				Ontario St	eet					
City	Bethlehe	m			State	PA		Zip Code	18015	
Type of Report (Place x under report type)										
1- 6 th Tuesday 2- 2 Pre-Primary Pre-	2 nd Friday -Primary			Tuesday lection	5- 2 nd Friday Pre- Election	6- 30 Da Election	y Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					\times					
Date Of Election (MM/DD/YYYY)		11/07/2023	Year		2023	Amendn Report	nent		Termination Report	
Summary of Receipt Expenditures	s and	From Date		To Date				For	Office Use Only	
A. Amount Brought	Forward F	06/05/2023 rom Last Report	\$		/23/2023	41 11.2				
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	\$	ł	0 260.00	:				
C. Total Funds Availa			\$		260.00					٧
D. Total Expenditure (From Schedule III)			\$		0					
E. Ending Cash Balar (Subtract Line D fror	m Line C)		\$		260.00	,				
F. Value of In-Kind C	ontributio	ns Received	\$	1					+	
(From Schedule II)					0					•
(From Schedule II) G. Unpaid Debts and (From Schedule IV)			\$		0 25.00					

Part 1- 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 attached schedules on paper, is to the best of my knowledge and belief true, correct

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
	BRUNGESD			
1.Unitemized Contribution	ns and Receipts-\$50.00 or Less per Contributor			
	•			
	Total for the reporting period	(1)	₹T	

Total for the reporting period	(1)	\$ 260.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$
All Other Contributions (Part D) Total for the reporting period	(3)	\$ 0
· · · ·	` '	 0
Total for the reporting period	` '	\$ 0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

	BRUNGE	ESD			
					Amount
Full Name of Contribu Committee	iting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	ıting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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 Numl	ber:			
	BRUNGESD			

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	4 (1996) (1996)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	Š
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	SERVINE SERVI	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		The Workshop	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Ś
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	VALSE-11118		Date [MM/DD/YYYY]	\$
House #	Street Address		AND APAIL OF THE STATE OF THE S	Date [MM/DD/YYYY]	\$
City	film in the second seco	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	Letterstill .	The section for the section fo	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
City	- deletion requirement	State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	Number: BRUNGE	SD			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City	TE SON THE PARTY AND EN	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	[MEMARAHEN]		Date [MM/DD/YYYY]	Š
House #	Street Addres	5 S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	est (in Structure)		Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	S
City	Angel Antoning on Story	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	35		Date [MM/DD/YYYY]	\$
City	at the street of	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of				Date [MM/DD/YYYY]	\$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

\$

House #

City

Street Address

State

Zip Code

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:	
BRUNGESD	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		0.0000000000000000000000000000000000000	ENERGY AND STATE	Occupation
Employer Mailin				Western and control
Principal Place of Full Name of Con		V44-200		Date [MM/DD/YYYY] \$
ruii Naine oi Coi	iu ibutoi			Date [www/DD/111]
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	g Address /			1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place o				
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin				The state of the s
Principal Place o Full Name of Cor	Secure Secure Court			Date [MM/DD/YYYY] \$
ruii waine oi Coi	Ittibutoi			Date (win) DD/ 1111)
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			4	Occupation
Employer Mailin				

PART E

Other Receipts

Filer Identification Number:

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	BRUNGESD			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	tion	V		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	ition		T. W. H.L.	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion	The state of the s	and the second	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion		F7. 77 *********************************	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion	<u> </u>		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: BRUNGESD	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
BRUNGESD	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
			Date [MM/DD/YYYY]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House # Street Address	Street Address			\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	C-0.00000000			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
	Caracil	Tal- caracter	Data faces (DD hoons)	A
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				
Full Name of Contributor	1		Date [MM/DD/YYYY]	\$
			Date [min/DD/1111]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				A2A
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	Ś
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		The transfer of the second	1	Lifted

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Barrier B	BRUNGESD		

Full Name of Contributor			Date [MM/DD/YYYY] \$			
House #	Street Address			Date [MM/DD/YYYY] \$		
Street Address						
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	e	11/2/2011 11/2 3/2 3/2 3/2	- Andrewski state (1997)	Occupation		
Employer Maili Place of Busine	ng Address / Principal ss		4	Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
House #	Street Address		William And Andrews Committee Commit	Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	mployer Name			Occupation		
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor	1		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	and and any security	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	9		14 (1000) (1004) (1000) (1000)	Occupation		
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	The applicance of the party	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	e		- state and a state of the stat	Occupation		
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution		

Statement of Expenditures

Filer Identification Number:	1			
	4			
	BRUNGESD			
	2			,

		Date [MM/DD/YYYY] \$
S		Description of Expenditure
State	Zip Code	
		Date [MM/DD/YYYY] \$
5		Description of Expenditure
State	Zip Code	
		Date [MM/DD/YYYY] \$
3		Description of Expenditure
State	Zip Code	
<u>, </u>	Lat. The state seq.	Date [MM/DD/YYYY] \$
5		Description of Expenditure
State	Zip Code	
		Date [MM/DD/YYYY] \$
5		Description of Expenditure
State	Zip Code	CONTRACTOR OF THE CONTRACTOR O
Land San		Date [MM/DD/YYYY] \$
S		Description of Expenditure
State	Zip Code	
	1,000	Date [MM/DD/YYYY] \$
S		Description of Expenditure
State	Zip Code	But NEW Design and the transfer of the Australia parameters are an analysis and pro-
	Lamination and	Date [MM/DD/YYYY] \$
S		Description of Expenditure
State	Zip Code	
San	State State State State State State State State	State Zip Code

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.

	But and are the reporting period.
Filer Identification Number:	
BRUN	GESD

House # 634 City Description of Deb	Stre	eet Address		DATE DEBT INCURRED	Outstanding Balance of Debt D \$
City	SY		-		2000 M 201
City	11.500	4TH STREET	!	[MM/DD/YYYY]	
		4HIOINELI	State	08/13/2023 Zip	
Description of Det		BETHLEHEM	10000	PA Code 18018	25.00
	, t	CAMPAIGN MATERIALS			
Name of Creditor					Outstanding Balance of Debt
House #	Stre	eet Address		DATE DEBT INCURRED	
			I	[MM/DD/YYYY]	
City			State	Zip	
	• 44			Code	
Description of Deb	t				
Name of Creditor					Postatorida Palanco et Daka (NV)
House #	Ic+ra	eet Address		TATE DEST INCHISEES	Outstanding Balance of Debt
)ue	At Address	ļ	DATE DEBT INCURRED [MM/DD/YYYY]) (\$
			Ī		
City			State	Zip	
Description of Deb	it H		Asignmen	Code	
Name of Creditor					n nile and new Market
House #	Ictro	1023.1.222		TT DEST INCUSSES	Outstanding Balance of Debt
House i) Jue	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		1	State	Zip Code	A STATE OF THE STA
Description of Deb	t		Territoria de la constanta de	Code	
Name of Creditor					Outstanding Balance of Debt
House #	Stree	et Address		DATE DEBT INCURRED	\$
			-	[MM/DD/YYYY]	
City		1	State	Zip	-
Description of Debi	t	l	36000	Code	
		i			
Name of Creditor		1			Outstanding Balance of Debt
House #	Stree	et Address		DATE DEBT INCURRED	\$
			<u> </u>	[MM/DD/YYYY]	
City			State	Zip	
				Code	
Description of Debt			-	1	1 112