Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificati Number			Repo (Mai	rt Filed B k X)	y Candida	ite	\times	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist			DEVI	DEVIN S. BRUNGES							
Street Address			616 C	616 ONTARIO STREET							
City	City BETHLEHEM				State	PA		Zip Code	18015		
Type of Report	(Place x under	report type)									
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary			Fuesday lection	5- 2 nd Friday Pre- Election	6-30 D		7- Annual	Special 2 nd Frid Pre-Election	ay Special 30 Day Post-Election	
	X		Γ								
Date Of Election (MM/DD/YYYY		05 16 2022	Year		2023	Amend Report			Termination Report		
Summary of Receipts and From Date Expenditures			To Date	9			For	Office Use Only			
Expundicurou		03 07 2022		05 01 2022							
A. Amount Brou	ught Forward	From Last Repor	t \$		0		, ,				
B. Total Moneta (From Schedule		ons and Receipts	\$		120.00						
C. Total Funds A			\$		120.00						
D. Total Expend (From Schedule			\$	120.00							
E. Ending Cash (Subtract Line I	Balance		\$		0						
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0							
G. Unpaid Debt (From Schedule	s and Obligat	ions	\$		0						
					Affidavit S				, , , ,		
Part 1- If this is a	Committee rep	ort, treasurer sign h	nere. If t	his is a Ca	ndidate report,	candidate s	ign here.	dee and ballef	true correct and so	mploto	
I swear (or affirm) that this repoi	t, including the atta	ached so	nequies o	n paper, is to the	e pest of m	y Knowle	die alla pellet	true, correct and co	inpiete.	

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
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)	\$ 120.00
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1 -
All Other Contributions (Part D)	\$ 0
Total for the reporting period (3)	\$ <u> </u>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and	\$. 1. 7
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	120.00

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				
					Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address		10.000	Date [MM/DD/YYYY]	\$
City	· L	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		\$
Full Name of Co Committee	ntributing			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 Number:

Full Name of Cor	itributor			Date [MM/DD/YYYY]	\$	
				0.4.0.4.0000		120.00
(1	The Control of the Co	BRUNGES		04 04 2022 Date [MM/DD/YYYY]	\$	120.00
House #	Street Addres	S		Date [min/DD/1111]	"	
616		ONTARIO STREE				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLE	HEM	PA	18015			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Addres	isl .	,	Date [MM/DD/YYYY]	\$	
0:5			Zin Codo	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date Linux DDV [3.1]		
				Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MIM/DD11111]		
House#	Street Addre	SS		Date [MM/DD/YYYY]	\$	
City	SEESTIME CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY]	\$	
				Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MIMI/DD/1111]		
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
					7	
	Street Addre			Date [MM/DD/YYYY]	\$	
House #	Street Addre	SS		Date [mm/DD/1111]	11	
		X				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$	
			7:n Codo	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	nare [MIMINDN 1111]	- 🔻	
		1 ACC ACC ACC ACC ACC	The Control of Control of Control of Control		20063	

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	1 Number;				
	angationismi.				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	- Millian arrivague	 State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee.	, contrasted (s)	may may property and the may	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Note that the second se	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address)		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	A CONTRACTOR OF STATES OF	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY]	\$
House #	Street Address		And Advantage of the Control of the	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	uning with a self-different	State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

Filer Identification Number:

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)

· 18、19、19、19、19、19、19、19、19、19、19、19、19、19、	ntributor			Date [MM/DD/YYYY]	\$
louse#	Street Address			Date [MM/DD/YYYY]	\$
VIG.		State	Zip Code	Date [MM/DD/YYYY]	- S
City		State	Zip coue	Sate Limboration	
mployer Name		25225755		Occupation	1 8881
Employer Mailir Principal Place o	ng Address /				
ull Name of Co				Date [MM/DD/YYYY]	S S
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
OILY					
l Employer Name		<u> </u>	herafed variabilities	Occupation	See
Employer Mailii	ig Address /				
Principal Place	of Business				
			2324	Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	- \$
Full Name of Co	ntributor				\$
Full Name of Co				Date [MM/DD/YYYY] Date [MM/DD/YYYY]	
Full Name of Co	ntributor	State	7in Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	State	Zip Code		
Full Name of Co	Street Address	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
Full Name of Co	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
Principal Place of Full Name of Co House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address Ing Address / Of Business	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Maili Principal Place	Street Address Ing Address / Of Business	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation	\$.
House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address ng Address / of Business entributor	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$.
House # City Employer Name Employer Maili Principal Place	Street Address Ing Address / Of Business	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation	\$ \$
House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address ng Address / of Business entributor			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$ \$ \$
House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address ng Address / of Business entributor	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$
House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address ing Address / of Business intributor Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$ \$ \$

PART E

Other Receipts

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.

Filer Identification	Number:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
			2.27	
Full Name				
House #	Street Address		Name of the last o	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	1 0000000		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			
Full Name		3		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	<u> </u>	1900年中央公司	[P-78]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	[57/25:55/55]		1 1881
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion		T September 1	

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:		
UNITEMIZED IN-KIND CONTRIBUTIONS RE	ECEIVED-VALUE OF \$50.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE	UE OF \$50.01 TO \$250.00 (P	ROM PART F)
TOTAL for the reporting period (2)) \$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALU	IE OVER \$250.00 (FROM PAI	RT G)
TOTAL for the reporting period (3)) \$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING PERIOD (Add and enter amount totals from boxes on Page 1, Report Cover Page, Item F)		0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
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		BW toccome, promotes		
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	Santa Santa and Tay (1965)		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]	5
House # Stree	t 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 # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		I contribute and the training of		1

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:				
Figure Agency profit filters at				
and the second s	VAXVantamin turn adaptamentape Company and Company 200 and Company at the company of the company of the company	and the second s	en a company de la company	والحرام فالمكتان فتاسمه سا

b	V-0.1 (0.00 - 0.000)			Dose MANA/DD/WWG		
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	3,000,000	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailin	g Address / Principal		7,0,0	Description		
Place of Busines				of		
				Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	N. Carlotte	November 201	en many men ny perfem	Occupation		
Employer Mailin	g Address / Principal			Description		
Place of Busines				of		
				Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
V.V						
Employer Name				Occupation		
	ng Address / Principal			Description		
Place of Busines	S			of Contribution		
Full Name of Co	ntributor	34.51		Date [MM/DD/YYYY] \$		
, an ituing of ou						
House #	Street Address			Date [MM/DD/YYYY] \$		
,,ouso #	otieet Address					
		Lotata	1:2:- 0-4- 3:3	Dota FRAMIDD (VVVVIII &		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
	ng Address / Principal			Description		
Place of Busines	19 muutees 1 1 miliipat 18			of		
				Contribution		

Statement of Expenditures

91 BUSBER 1585 - VERT VERT VERT	of the second			***************************************	 a tiga samula a gaka
Filer Identification Number:					

To Whom Paid			and the state of the state of			Date [MM/DD/YYYY]	\$	
	USPS					04 04 2022		120.00
House # 131	Street Address	. 4TH STF	REET			Description of Expenditure		
City BETHLEH		State	PA	Zip Code	18015	POSTAGE/PETITION T	HANK	YOU LETTER
To Whom Paid		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City	1999 See Control (1997)	State		Zip Code			1911/11/2012	
To Whom Paid		Total Section			1 - 122 55 526 51a	Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City	* and a supplemental and a suppl	State		Zip Code		3 (1864) ACT (1864) (1864) (1864) (1864) (1864) (1864) (1864)		
To Whom Paid			<u> </u>			Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State		Zip Code				
To Whom Paid		,				Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State		Zip Code				
To Whom Paid					- <u>L</u> a -	Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	liture	1
City	1 Seattles trades (1000)	State		Zip Code				
To Whom Paid					· · ·	Date [MM/DD/YYYY]	\$	
House #	House # Street Address					Description of Expend	liture	
City		State		Zip Code		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		

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.

Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt	4 5 12	- COMBAN	
Name of Credit	or	<u> </u>		Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt	vensa (Hillian)	parameter (%)	
Name of Credit	tor		and the second s	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Estimate successive (C)	State	Zip Code	
Description of I				
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	
Description of	Dept			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt	1	and the second s	
	tor	Outstanding Balance of Debt		
Name of Credi	Street Address		DATE DEBT INCURRED	3
Name of Credit	Street Address		[MM/DD/YYYY]	