

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED  
2012 DEC 27 AM 9:06  
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <i>Alan and Maryann Brink</i>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>214 Hermitage Dr</i>		
(c) City, State and ZIP Code <i>Radnor PA 19087</i>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer <i>Spring City Electrical Mfg Co</i>		Occupation <i>President</i>

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 24-Hour Report  
 48-Hour Report

b) is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y  
*10 01 2012*  
THROUGH  
M M / D D / Y Y Y Y  
*12 31 2012*

6. TOTAL CONTRIBUTIONS.....

*0.00*

7. TOTAL INDEPENDENT EXPENDITURES.....

*3,099.44*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*Alan Brink*

*12/18/12*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

12030993198

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

1 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

*Alan and Maryann Brink*

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

000

TOTAL This Period (last page carry total to Line 6) ▶

000

12030993199

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**Alan and Maryann Brink**

Full Name (Last, First, Middle Initial) of Payee <b>Capitol Promotions, Inc.</b>	Date <b>10 / 14 / 2012</b>
Mailing Address <b>P.O. Box 231</b>	Amount
City <b>Glenside</b> State <b>PA</b> Zip Code <b>19038</b>	

Purpose of Expenditure <b>Yard Signs</b>	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Mitt Romney</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3,099.44</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<b>3,099.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	<b>3,099.44</b>

12030993200

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked

12/21/12

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

*AmD*

PREPARER

(3/2005)

12/27/12

DATE PREPARED

12030993201