

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		ED BRZCZINSKI			
Street Address		326 West Arlington Rd			
City	State	Zip Code			
ERIE	PA	16509			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
05/16/23		2023	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	05/03/2023	June 15, 2023		
A. Amount Brought Forward From Last Report	\$	4795. ⁰⁰	2023 JUN 13 AM 10:54 ERIE COUNTY VOTER REGISTRATION	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	306. ⁰⁰		
C. Total Funds Available (Sum of Lines A and B)	\$	5095. ⁰⁰		
D. Total Expenditures (From Schedule III)	\$	1985		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2810. ⁰⁰		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-		

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 and exhibits, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 13 th day of June 20 23 Sonia Fernandez Signature My Commission expires 4-3-27 MO. DAY YR.	Cheryl Brzezinski Signature of Person Submitting report Cheryl Brzezinski Printed Name 814 395-5481 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee , candidates 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 13 th day of June 20 23 Sonia Fernandez Signature My Commission expires 4-3-27 MO. DAY YR.	Ed Brzezinski Signature of Candidate Ed Brzezinski Printed Name 814 392-5501 Area Code Daytime Telephone Number

Notary Public
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2027
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

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 Contributing Committee								Date [MM/DD/YYYY]	\$			
House #		Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #		Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #		Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #		Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$			
House #		Street Address						Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								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 Contributor					Date [MM/DD/YYYY]		\$		
CHRIS MONG					05/12/2023		\$	100. ⁰⁰	
House #	Street Address				Date [MM/DD/YYYY]		\$		
4716	SUNNYDALE						\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
ERIE	PA		16509				\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
DAVID SLOMSKI					05/12/2023		\$	100. ⁰⁰	
House #	Street Address				Date [MM/DD/YYYY]		\$		
8012	DRIFTWOOD						\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
ERIE	PA		16511				\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
THOMAS DOOLIN					05/12/2023		\$	100. ⁰⁰	
House #	Street Address				Date [MM/DD/YYYY]		\$		
84	BEACH HAVEN LANE						\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
ERIE	PA		16515				\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
							\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
							\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
							\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
							\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
							\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
							\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
							\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
							\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
							\$		

Contributions Received From Political Committees

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

Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Full Name of Contributing Committee				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S

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]		S
House #		Street Address			Date [MM/DD/YYYY]	S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #		Street Address			Date [MM/DD/YYYY]	S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #		Street Address			Date [MM/DD/YYYY]	S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #		Street Address			Date [MM/DD/YYYY]	S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

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	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

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	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

2. 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 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)		\$	
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	
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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]	\$
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]	\$
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]	\$
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]	\$
City		State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution				

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor					Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	R - BRILLIANT MEDIA	Date (MM/DD/YYYY)	65/12/2023	S	1325
House #	Street Address	Description of Expenditure			
	PO Box 8505	Mailin Buine Pm My			
City	State	Zip Code			
ERIE	PA	16505	Mailin		
To Whom Paid	ERIE County Courthouse	Date (MM/DD/YYYY)	05/12/2023	S	100.00
House #	Street Address	Description of Expenditure			
140	WEST 6 Street				
City	State	Zip Code			
ERIE	PA	16501	Adm fee		
To Whom Paid	Sun Flower Club	Date (MM/DD/YYYY)	05/12/2023	S	300
House #	Street Address	Description of Expenditure			
340	Maty Street				
City	State	Zip Code			
ERIE	PA	16508	Party Cost & Gratuity		
To Whom Paid	HOLY TRINITY Party	Date (MM/DD/YYYY)	05/14/2023	S	160.00
House #	Street Address	Description of Expenditure			
613	East 23 Street				
City	State	Zip Code			
ERIE	PA	16503	Tickets / Prizes		
To Whom Paid	Ed BRZECIOWSKI	Date (MM/DD/YYYY)	06/08/2023	S	100.00
House #	Street Address	Description of Expenditure			
326	West Arleylen Rd				
City	State	Zip Code			
ERIE	PA	16500	Gift art. - Volunteer		
To Whom Paid		Date (MM/DD/YYYY)		S	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date (MM/DD/YYYY)		S	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date (MM/DD/YYYY)		S	
House #	Street Address	Description of Expenditure			
City	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.

Filer Identification Number																			
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Name of Creditor										Outstanding Balance of Debt									
House #		Street Address								DATE DEBT INCURRED [MM/DD/YYYY]				\$					
City										State				Zip Code					
Description of Debt																			

Name of Creditor										Outstanding Balance of Debt									
House #		Street Address								DATE DEBT INCURRED [MM/DD/YYYY]				\$					
City										State				Zip Code					
Description of Debt																			

Name of Creditor										Outstanding Balance of Debt									
House #		Street Address								DATE DEBT INCURRED [MM/DD/YYYY]				\$					
City										State				Zip Code					
Description of Debt																			

Name of Creditor										Outstanding Balance of Debt									
House #		Street Address								DATE DEBT INCURRED [MM/DD/YYYY]				\$					
City										State				Zip Code					
Description of Debt																			

Name of Creditor										Outstanding Balance of Debt									
House #		Street Address								DATE DEBT INCURRED [MM/DD/YYYY]				\$					
City										State				Zip Code					
Description of Debt																			