

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ED BRZEZINSKI						
STREET ADDRESS 324 West Arlington Rd						
CITY ERIE		STATE PA		ZIP CODE 16509		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO.	PARTY DEM	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		DATES OF REPORTING PERIOD MO. DAY YEAR 05 05 2023 TO 06 15 23		DATE OF ELECTION MO. DAY YEAR 05 16 2023		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION 2023 JUN 13 AM 10:54						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF JUNE 20 23 Tonia Fernandez SIGNATURE MY COMMISSION EXPIRES 4-3-27 MO. DAY YR.	ED Brzezinski SIGNATURE OF PERSON SUBMITTING REPORT ED BRZEZINSKI PRINTED NAME 814 392 5577 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS 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 13th DAY OF June 20 23 Tonia Fernandez SIGNATURE MY COMMISSION EXPIRES 4-3-27 MO. DAY YR.	ED Brzezinski SIGNATURE OF CANDIDATE ED BRZEZINSKI PRINTED NAME 814 392 5577 AREA CODE DAYTIME TELEPHONE NUMBER