

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		Committee to Elect Ed Brzezinski		
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 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			
11/07		2023	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/6/2023	10/23/2023	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> OCT 23 PM 12:15 COUNTY CLERK </div>
A. Amount Brought Forward From Last Report	\$	4371.86	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-	
C. Total Funds Available (Sum of Lines A and B)	\$	4371.86	
D. Total Expenditures (From Schedule III)	\$	2481.16	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	890.20	
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's Authorized Committee** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedule, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23rd day of October 202023

Angela L. Watson
Signature

My Commission expires 12 02 2026
MO. DAY YR.

Cheryl Brzezinski
Signature of Person Submitting report
CHERYL BRZEZINSKI
Printed Name

814 392-5481
Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate 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 23rd day of October 202023

Angela L. Watson
Signature

My Commission expires 12 02 2026
MO. DAY YR.

Ed Brzezinski
Signature of Candidate
ED BRZEZINSKI
Printed Name

814 392-5577
Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Seal
 Angela L. Watson, Notary Public
 Erie County
 My commission expires December 2, 2026
 Commission number 1426503
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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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]	\$		

(Exclude contributions from political committees reported in Part A.)

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]	\$
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]	\$

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									
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 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)**

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

Employer Identification Number	
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Full Name									
House #		Street Address							
City				State		Zip Code		Date: MM/DD/YYYY	S
Receipt Description									
Full Name									
House #		Street Address							
City				State		Zip Code		Date: MM/DD/YYYY	S
Receipt Description									
Full Name									
House #		Street Address							
City				State		Zip Code		Date: MM/DD/YYYY	S
Receipt Description									
Full Name									
House #		Street Address							
City				State		Zip Code		Date: MM/DD/YYYY	S
Receipt Description									
Full Name									
House #		Street Address							
City				State		Zip Code		Date: MM/DD/YYYY	S
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. UNLIMITED 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 F)		
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

Full 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]	\$	
House #:		Street Address:		Date [MM/DD/YYYY]	\$	
City:		State:		Zip Code:		Date [MM/DD/YYYY]
Employer Name:				Occupation:		
Employer Mailing Address / Principal Place of Business:				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]
Employer Name:				Occupation:		
Employer Mailing Address / Principal Place of Business:				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]
Employer Name:				Occupation:		
Employer Mailing Address / Principal Place of Business:				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]
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		WINE & SPIRITS		Date (MM/DD/YYYY)	06/09/2023	\$	140.87
House #	Street Address		Liberty PLAZA		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	Wine For Volunteer Picnic	

To Whom Paid		Firebirds Grill		Date (MM/DD/YYYY)	06/12/2023	\$	100.00
House #	Street Address		Miller Creek NWLL		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	Dinner for 8 people (6/12/23)	

To Whom Paid		ERIE ZOO		Date (MM/DD/YYYY)	06/22/2023	\$	260.00
House #	Street Address				Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	GMA Tickets	

To Whom Paid		MARQUETTE S & LOAN		Date (MM/DD/YYYY)	08/25/2023	\$	130.579
House #	Street Address		LIBERTY ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	Meeting Exp. / ZARAWA	

To Whom Paid		Ed Brezdzinski		Date (MM/DD/YYYY)	10/9/2023	\$	152.00
House #	Street Address		Reimbursement		Description of Expenditure		
City		State		Zip Code		Neighborhood Park & Zoo Festival	

To Whom Paid		R BRILLIANT MEDIA		Date (MM/DD/YYYY)	Oct 18, 2023	\$	1697.50
House #	Street Address		P.O. Box 8505		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	Letter to editor	

To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid				Date (MM/DD/YYYY)		\$	
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				

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