

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	X			
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
X	X							
Date Of Election (MM/DD/YYYY)		05/21/19	Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		03-03-19	5-2-19	<p style="text-align: center;">ERIE COUNTY VOTER REGISTRATION 2019 MAY - 6 PM 1:54</p>				
A. Amount Brought Forward From Last Report		\$	-0-					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1714.00					
C. Total Funds Available (Sum of Lines A and B)		\$	1714.00					
D. Total Expenditures (From Schedule III)		\$	694.99					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1019.01					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	-0-					
G. Unpaid Debts and Obligations (From Schedule IV)		\$						

Affidavit Section

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

1 day of MAY 20 19

Angela G. Jones

Signature

My Commission expires 6 4 2021

MO.

DAY.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Angela G. Jones, Notary Public
City of Erie, Erie County
My Commission Expires June 4, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of

Cheryl A. Brzezinski

Printed Name

392-5577

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

1 day of MAY 20 19

Angela G. Jones

Signature

My Commission expires 6 4 2021

MO.

DAY.

YR.

Edward M. Brzezinski

Signature of Candidate

EDWARD M. BRZEZINSKI

Printed Name

814

Area Code

392-5577

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Angela G. Jones, Notary Public

City of Erie, Erie County

My Commission Expires June 4, 2021

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							
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							Amount	
Full Name of Contributing Committee		KNOX LAW LPAC				Date [MM/DD/YYYY]	\$	150.00
						03/25/2019		
House #	120	Street Address		West 10 Street		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16501	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: BARBARA KELLY						Date: MM/DD/YYYY	\$	100. ⁰⁰	
House #	370	Street Address: WEST ARLINGTON Rd				Date: MM/DD/YYYY	\$		
City	ERIE	State	PA	Zip Code	16509	Date: MM/DD/YYYY	\$		
Full Name of Contributor: CHARLES PERROTTA						Date: MM/DD/YYYY	\$	100. ⁰⁰	
House #	4805	Street Address: EDGEVALE				Date: MM/DD/YYYY	\$		
City	ERIE	State	PA	Zip Code	16509	Date: MM/DD/YYYY	\$		
Full Name of Contributor: THOMAS SADOSKI						Date: MM/DD/YYYY	\$	100. ⁰⁰	
House #	4833	Street Address: MC CLELLAND AVE				Date: MM/DD/YYYY	\$		
City	ERIE	State	PA	Zip Code	16510	Date: MM/DD/YYYY	\$		
Full Name of Contributor: ROBERT SCHOELLER						Date: MM/DD/YYYY	\$	100. ⁰⁰	
House #	4709	Street Address: HIGHVIEW BLVD				Date: MM/DD/YYYY	\$		
City	ERIE	State	PA	Zip Code	16509	Date: MM/DD/YYYY	\$		
Full Name of Contributor: DALE LEWIS						Date: MM/DD/YYYY	\$	100. ⁰⁰	
House #	2540	Street Address: DORN Rd				Date: MM/DD/YYYY	\$		
City	WATERFORD	State	PA	Zip Code	16441	Date: MM/DD/YYYY	\$		
Full Name of Contributor: ROBERT MARZ						Date: MM/DD/YYYY	\$	250. ⁰⁰	
House #	345	Street Address: WEST 39 STREET				Date: MM/DD/YYYY	\$		
City	ERIE	State	PA	Zip Code	16508	Date: MM/DD/YYYY	\$		

PAUL CONSIDINE
1333 TOP Rd
ERIE PA 16506

04/26/2019 100.⁰⁰

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:	NONE
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Full Name of Contributing Committee	KNOX LAW LPAC				Date (MM/DD/YYYY)	03/25/2019	\$	100.00
House #	120	Street Address	WEST 10 Street		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16501	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)	\$	
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)

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		\$
PATRICK CARRARA				04/29/2019		500.00
House #	Street Address		Date (MM/DD/YYYY)		\$	
311	WEST ARLINGTON Rd					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
ERIE	PA	16509				
Employer Name			Occupation			
UNKNOWN			UNKNOWN			
Employer Mailing Address/ Principal Place of Business			UNKNOWN Neighbor - Long Time Friend			
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						
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						
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						

PART E

Other Receipts

REFUNDS, INTREST 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)	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									
Full Name									
House #	Street Address								
City			State		Zip Code		Date (MM/DD/YYYY)	S	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**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 B)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)		
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]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
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
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
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
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
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	CITIZENS BANK CHECKS	Date (MM/DD/YYYY)	03/12/2019	\$	9.99
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid	CITY COUNCIL FILING Fee	Date (MM/DD/YYYY)	03/06/2019	\$	25.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid	DE SANTIS SIGNS	Date (MM/DD/YYYY)	03/29/2019	\$	225.00
House #	540 Street Address West 18 Street	Description of Expenditure			
City	ERIE	State	PA	Zip Code	11502
To Whom Paid	POLISH FALCONS NLT 610	Date (MM/DD/YYYY)	04/08/2019	\$	335.00
House #	431 Street Address Tact 3 Street	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16507
To Whom Paid	Ed Brzezinski STAMP etc	Date (MM/DD/YYYY)	03/24/2019	\$	100.00
House #	326 Street Address WEST ARLINGTON Rd	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509
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			
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.

Taxpayer 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						