Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer identification	Report Filed B				<u>, </u>	
Number	(Mark X)	y canulo	" X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	CUMB	n, then	To ELE + Anh	ot Ed	BRZEZ	inski
Street Address	32	مدلالا	+ Arli	nter Rd		
City		State	Po	Zip Code	16509	
Type of Report (Place x under report type)	ta ja sa				<u> </u>	
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	4-6 th Tuesday	5- 2 nd Friday	6- 30 Day Po	st 7- Annual	Special 2 nd Fri	day Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre-Election	Election	eri grafia ili digli: Si prografia di secolo	Pre-Election	Post-Election
			X			
Date Of Election (MM/DD/YYYY)	Year		Amendment		Termination	
			Report		Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
16-22	11 -	25				i de la companya di series. Par la companya di series di s
A. Amount Brought Forward From Last Report	\$ 42	3,04			and the second s	usta eta kondinente (h. 1920). Har kita eta kondinente eta eta eta eta eta eta eta eta eta e
B. Total Monetary Contributions and Receipts	S _					
(From Schedule I) C. Total Funds Available	85	Ω.		. •		6
(Sum of Lines A and B)	147	3.04			C.3	5
D. Total Expenditures (From Schedule III)	3 5 79	3.80		•		
E. Ending Cash Balance	NB 5 8.7					r)
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	5	9.24				
(From Schedule II)		•				100 J
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-		, e ^r	()	
		Affidavit Sec	tion			
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	ere. If this is a Cand	idate report, ca	ndidate sign here	edge and belief tr	up correct and co	mulata
Sworn to and subscribed before me this		laper, is to the) /	edge and belief tr	ue, correct and co	mpiete.
day of <u>DoC</u> 20 19	mmonwea Tonia F My comm Comm Comm	<u>"</u>	Keryl	\mathcal{A}	Burera	neli
_ Sonia (lemande	missic missic		Signatur	e of Person Subm	thing report	inck!
Signature	ion e	i -		Printed Name		
My Commission expires 4-3-23	ernandez, Notan Erie County Lission expires Ap ilssion number 12 ilssion number 12		514	8	14- 392	5481
MO. DAY YR.	otana otana ty er 12	+	rea Code	Day	ime Telephone Ni	umber
Part II- If this is a report of a Candidate's Authorized (ommatee, candig	ate shall sign he	re.	ni munifaia af 41	- Ast - 51 2 4	027 (01, 1222, NO 222)
I swear (or affirm) that to the best of my knowledge a amended.	Notal	i i	ias not violated al	ny provisions of tr	ie Act of June 3, 1	937 (P.C. 1333, NO.320) as
Sworn to and subscribed before me this	ries				n	1
OR day of \\ \(\)	•		TAUN	diff 1	Erzeja	the state of the s
Jania Donandor		· <u> </u>	Sig	nature of Candid	te () ()	(L.
Signatule	}		LUWAR	Printed Name	<u>o kzcz in</u>	<u>551-</u>
My Commission expires 4-3-23	. *		314	g	314-39	2-8577
MO. DAY YR.		Ar	ea Code	Daytir	ne Telephone Nur	mber
mmonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public					·	·

Erie County sion expires April 3, 2023 ssion number 1288912

Insylvania Association of Notaries

SCHEDULE I Contributions and Receipts Detailed Summary Page

r ner identification Number				
1:Unitemized Contributions and Receipts: \$50.0	O of Lessings Contains		******	
	Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$5250.00 (From Part A and Part B)				
Contributions Received from Political Committee	es (Part A)		\$	
All Other Contributions (Part B)			\$	
	Total for the reporting period	(2)	\$	
3. Contributions Over \$250,00 (From Part C and	l Part D)			
Contributions Received from Political Committee	s (Part C)		\$	
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	·
4. Other Receipts: Refunds, Interest Earned, Reti	urned Checks; ETC: (From Part E)			
	Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; also Cover Page, Item B)	g this reporting period (Add and one of this amount on Page 1, Rep	port	\$	
			L_	

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.

Eller Identification Number				
Full Name of Contributing		-	Am	ount
Committee			Date [MM/DD/YYYY] \$5	
House # Street	Address			
			Date [MM/DD/YYYY] §	
City	State	Zip Code		
		ZIP Code	Date [MM/DD/XYYX] \$	
Full Name of Contributing Committee	, St. 254 to San Sections		Date [MM/DD/YYYY] \$5	
			SPAREITWIW/DD/11111	
House # Street A	ddress		Date [MM/DD/YYYY] \$5	
		•	Date [MM/DD/YYYY] S	
City	State	Zip Code		
			Date [MM/DD/YYYY] \$	
ull Name of Contributing ommittee		The second secon	Date [MM/DD/YYYY] \$	
louse # Street Ad	ldress		Date [MM/DD/YYYY] & S	
			The Service Se	
ity	Staté	Zip Code	Date [MM/DD/YYYY] \$	
all Name of Contributing			The state of the s	
ommittee			Date [MM/DD/YYYY] \$	
ouse# Street Ad	dress			
			Date [MM/DD/YYYY]	
<u> </u>	State			
		Zip Code	Date [MM/bb/yyyy] \$1	
Il Name of Contributing				
mmittee			Date [MM/DD/YYYY] = 15	- 1
use #. Street Ado				
PHEELAGO	ress		Date [MM/DD/YYYY] \$	
/ / /	State	THE PLANE TO SERVICE WHEN		
	State	Zip Code	Date [MM/DD/YYYY] \$	
Name of Contributing				
nmittee			Date [MM/DD/YYYY] \$	
Ise# Street Add	ess		Date [MM/DD/YYYY]	
			Date [MM/DD/YYYY]	
	State	Zip Code	Date [MM/DD/YYYY] SS	
			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.)

die (vertification Number:					
Full Name of Contributor	AARUN S	ucm ARS		ate(MM//DD/XXXY)	\$. UD
House # 5tree	Address	LAKE Pd	138-	6-98 - 2019 ate[MM/DD/YYYY]	/00.
Gity Fr	27222	Zip Code a		ate (MM/DD/yyyyy)	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Full Name of Contributor	Dr. S. Lvia F			ate [MM/DD/YYYY)]	100,
House # Street	Address	38 St.	D	ate [MM/DD/YYYY]	700,
Gity Enie	State	7 Zip Gode A 10	508	te [MM/DD/\\\\)	
Full Name of Contributor.	JOHN Fe	RRUH. I		te MM/DD/YYYY). 	150.00
/237	Address St. M	Ary De		te IMM/DD/YYYYY	7300
Cary Earl	State P1	Zip Code	1579 Da	Œ[MM/ĐĐ/YYYY] S	
Full Name of Contributor			Daí	e [MM//DD/AYAYA].	
House # ! Street /			Dat	e[MM/bb//yyyy] s.	
Gity Full Name of Contributor	State	Zip Code	Dat	e[MM/DD/YYYY] ss	
	N feet (monages):		Dat	= [MM/Db/AAAA]	
House # Street A			Dat	>IMM/DD/YYYYY	
Full-Name of Contributor	State	/Zip Code		Mim/dd/yyyyy) sy	
AM Street Ac	Mass			(MM/DDXXXXXI S	
areerac Ety:		21-4-170-5-17-0-0-4-17-0-0-1		[MM/bd/xyyy] 5	
	State	-Zip Code	(Date	[IMM/DD/YVYY] s	

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.

	ication number.				
APATOL COMM	ELECT VANDANCIA PROPERTY OF THE PROPERTY OF TH				
	or 1g Committee			#Date(MM/DD/Y	YYYJ
House#	Street Address			Date IMM/DD/A	wo s
Gity,		State	Zip Code	;Date [MM/DD//	<u>*************************************</u>
Euli Name (Contributio	of g Gommittee			Pate MM/DD//	(MY) 3 (ST
House#	Street Address			WDate (MM/DD/)	XXIX 8
Gity.		State	Zip Gode	JDateHMM/DD/AA/) (YYI)
Full Name o				Date MM/DD/yy	
House##	Gommittee Street Address			Date (MM/DD/yy	
G(ty)		State.			
Full Name of			Zip Code	Date MM/DD/YY	
Contributing	Committee			Pate [MM/DD/yy	
	Street Address			Date (MM/DD/YY)	<u> </u>
Gity, Full Name of	-STATEFANDAS-1-A GARANS-1	State	Zip Code	Date/(MM/Db/A)	Y) S
Contributing	Committee			Date (MM/DD//ww	X ()
House #	Street/Address			Date MM/DD/yyy	YI
city -	The second and the management of the property of the second secon	State	-Zip Code	Date [MM/DD/WY	VI
ull Name of Contributing			19年後世の日本の日本の日本の日本の日	Date (MM/DD/XXX	7
douse#	Street-Address		. :	Date (MM/DD/YYY)	
ity .		State	Zip Code	Dates(MM/DD/YYY)	4 2 2
	The state of the 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)

[Exclude contributions from political committees reported in Part C)

	NACO MARCINE CARROL					
Eull Name of Contr	Alvertages)					
	. 1	Homas	HAGAN		Date [MIM/DD/YYYY] 5.	500.00
House#	Street Address	P.O. Box	10905		Date [MM/DD/YYYY] s	
Gity	ERIE	State PA	Zip Codé	16514	Date [MM/DD/YYYYY] \$	
Employer Name Employer Mailing A			1 (Williams)		/Occupation	
Principal Place of Bu	lusiness					
Full Vame of Comid	outor				Date [MIM/DD/WW]	
House#∍	Street Address				Date [MM/DD/YYYY] S	
City EmployerName		State	Zip-Code:		Date [MIM/DD/YYYY]	
Employer Mailing A	ddress/				Occupation	
PalitelpaliPlace of Bu	是中世年204回日本中的中国中国的中国的社会的方面。					
Full Name of Gontrib					Date{MM/DD/YYYY}	
#House##	Street Address				Date [MM/DD/YYYY]	
Gity Employer Name		State	Zip Code		Date (MM/DD/YYYY) \$	
					Occupation	
Employer Mailing Ad Principal Places of Bur Fullivame of Contrib	usiness				· .	
					Date [MM/DD/YYYYY] S	
House #3	Street Address				Date (MM/DD/YYYY)	
Gity		State	Zip:Code		Date [MM/DD/YYYY] S	
Employer Name Employer (Valling Ad	daress/		1107 1000 1000 1000 1000 1000 1000 1000		Occupation	
Principal Place of Bus	siness					

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.

Fleridentification Number		···		
FUII Name				
House#	ireet Address	i		, , , , , , , , , , , , , , , , , , , ,
City		state ;	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				·
Euli Name				
	reet Address			
City		State	Zip Gode	Date:[MM/DD/YYYY]
Receipt Description		F110000	[中國共產黨 [中國	LESSEE .
Full Name House# Se				3
(Gjty	reet Address	State	Zip	Date IMM/DD/YYYYI
			C ode	Account to the second of the s
Receipt Description				Page 64
(Full Name House # St	eet Address			
Giy	eer Address	State	Zip	Date [MM/DD//YYYY] \$
Réceipt Description			Code =	
Bull Name		<u>. </u>		
House# Str	eet Address	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Gity at 19		State	Zip	Date [MM/DD/YYYY] \$
Receipt Descriptions			Code	
Hull Name			A CONTRACT OF THE CONTRACT OF	
House# Str	eet Address			
<u>Gity</u>		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				
Section 1997 Section 1997		<u> </u>		

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				
235064986501(1)				
12 UNITEMIZED IN KIND CONTRIB	UHIONS RECEIVED	ALUE OF \$50 00 OR LESS PE	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
	Maria Cara de			
2 IN KIND CONTRIBUTIONS REGE	VED-VALUE OF S50	01-TO-5250:00 (FROM PART	F) is the second of the second	
TOTAL for the reporting period	(2)	\$	· .	
A NEW CONTROL TO SERVICE STATE OF THE SERVICE STATE				
3 IN-KIND GONTRIBUTION RECEN	ABDEWALUE OVERSYZ	SUDUR(FRO)VEPARE 6)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-1805				
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)				
<u> </u>				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number			
Full Name of Contributor			*Date [MM/DD/YYYY)] \$\$:
:House # Street Addi	ess		Date:[MM/DD/YYYY)] \$
Člity	State	Zip Code	Date [MM/DD/XYYY] : \$
Description of Contribution (*)		y and the second of the second	(EXPER)
Full Name of Contributors			Date:[MM/DD/YYXY]
House# Street Addr			Date (MM/DD/XYXY)
Gity	State	Zip Code	Date [MM/DD/YYYY) S
Description of Contribution			
EUI Name of Contributor			Date [MIM/DD/YYYYY] 3 53
House # Street Addr			(Date (MIN/)DD/)YYYYY)
(City Description of Contribution)	State	Zip Gode	Date [MM/DD/YYYY]
	and the second s	and the second s	
Full Name of Contributor			SDate [MIM/DD/YYYY)] AS
House# Street Addr			Date [MM/DD/YYYY] S
Gity (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/XYVV) \$
House #I Street Addre			Date [MM/DD/YYYY)] \$
City Description of Contribution	State	Zip Code	«Date [MM/DD/XXYY)] s
Sessibilian of Continuing			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

FlerIdentification N	umbe a				
Full Name of Contr	ibutor				Date [MM/DD/XYXX]
House #	Street Address				Date [MM/DD/XYYY] \$
City.		State.	Zip Code		Date:[MM/DD/YYYY] 75
Employer Name	Address / Principal				Occupation Description
Place of Business					of Contribution
Full Name of Contri					Date [MW/DD/YYYY] \$
House#	Street/Address		- Andrew		Date [MM/DD/YYYY] \$
City	Province The State of the State	State	Zîp Code		Date (MIV/DD/AYY)] \$
Employer Name Employer Mailing A	Address //Principal		PESSAGE		Occupation Description
Place of Business					of Contribution
Full Name of Contril					Date [MM/DD/YYYYY] \$
House #	Street Address				Date MM/DD/YYYYI \$
City	CONTROL OF THE PROPERTY OF THE	State	Zip Code		SDate [MM/DD/YYYY] \$7
Employer Name Employer Mailing A	Address / Principal				Occupation :
Place of Business			·		Description of Contribution
Full Name of Contrib	outor			S. Maria	Date [MM/DD/YYYY]
House.#	Street Address			17.7	Date [MM/DD/YYYY] 55
Gity	Print October Street	State	Zip Gode	<u> </u>	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Ac	ddress /:Principal	St. November 1	Park National Property Control of the Control of th	į.	Occupation Description
Place of Business		, pro-			of Contribution

Statement of Expenditures

Filer Identification Number:

		· · · · ·	· · · · · · · · · · · · · · · · · · ·			
and the second s	a	***				
To Whom Paid a second s	Ed	BRZEZ	1N Ski		10/26/2019	62.47
House # 326	Street Address		rleyton R	4	Description of Expenditu	re
Gity	DRIE	State PA	Zip Code	16509	PARTY Exp	no N syhbeu
ToWhom Paid	HOLY	TRINITY	Ushus		Date [MM/DD/YYYY]	55.00
House #	Street Address	23 NE	9 Reed		Description of Expenditur	
Gřtý)	Erik	State 2	Zip : Code	16504	Tickes etc - br	od Party
To Whom Paid .	Ed	BRIEZ	unski		Date [MM/DD/MYM]	501.55
不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Street Address	West A	pluglar		Description of Expenditur	
	ERIE	state PA	Zip Gode	16509	CAMPAIGN EIR	Revitaire
To Whom Paid	CHEA	WL BRZE	ezinski		Date [MM/DD/YYYY]	98.52
House# 324	Street Address	West AR	Linglia R	4	Description of Expenditur	ILILE GIFT
CONTROL OF THE PARTY OF THE PAR	RIE	State PA	Zip Code	16509 D	egyisto A Num	L of Kell pus
To Whom Paid	FINE	WINE	600d	Spiners	Date (MM/DD/XXXY) \$	76.24
House #	Street Address	LIBERT	Name of the Control o		Description of Expenditure	
(City)	ENK	State ρ_{A}	Zip . Code	16508	Spirit & WN	ic Doonigo
To Whom Paid			:		Date [MM/DD/YYYY] S	
House #	Street Address	Non-Panis			Description of Expenditure	
Gity A	Salaz ve en la general de	State	Zip Code	and the second s		
To Whom Paid					Date [MM/DD/YYYY] \$	
House #	Street Address	VacCU on Statistical and other			Description of Expenditure	
(City)	···	State	Žip (Code).			
To Whom Paid					Date [MM/DD/YYYY) s	
House#	Street Address				Description of Expenditure	
Gity		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.

Eler (dentification Numbe				
Name of Greditor. House #	treet Address	DATE DEBT IN	NCURRED \$	tstanding Balance of Debt
City		State Zip Code		
Description of Debt	de consti		(*E49475)	
Name of Creditor House # St	treet-Address	DATE DEBT IN	NGURRED	tstanding Balance of Debt
City Description of Debt		State Zip Gode		
Name of creditor			1	tstanding Balance of Debt.
	treet Address	DATE DEBTIN	(YYYY)	CHARGO CONTRACT CAST AND CAST
City Description of Debt		State Zip Code		
Name of Greditor. House # St	treet Address	DATE DEBT IN	VOURRED \$	tstanding Balance of Debt
Gity Description of Debt		State Zip Code		
Name of Greditor			.Out	Standing Balance of Debt
	reet Addrëss	DATE:DEBT/IN //MM//DD/s		Participation of the control of the
City. Description of Debt		State Zip Zip Code		
Name of Creditor	reet-Address :	DATE DEBT IN		standing Balance of Debt
		(MM/DD/)		
Gity Description of Debt		State Zjp Gode		
Description of Dept.				