

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee To Elect ED BRZEZINSKI					
Street Address		326 West Ardington 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/05/2019			<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date
	10-22	11-25
A. Amount Brought Forward From Last Report	\$	628.04
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	850.00
C. Total Funds Available (Sum of Lines A and B)	\$	1473.04
D. Total Expenditures (From Schedule III)	\$	793.80
E. Ending Cash Balance (Subtract Line D from Line C)	\$	679.24
F. Value of In-Kind Contributions Received (From Schedule II)	\$	—
G. Unpaid Debts and Obligations (From Schedule IV)	\$	—

For Office Use Only

2019 DEC -2 PM 2:35
VOTING INFORMATION

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

Sworn to and subscribed before me this

2nd day of Dec. 20 19

Signature of Sonia Fernandez

My Commission expires 4-3-23
MO. DAY YR.

Signature of Person Submitting Report
Cheryl A. Brzezinski
Printed Name

814 Area Code
814-392-5481 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 financial 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

2nd day of Dec. 20 19

Signature of Sonia Fernandez

My Commission expires 4-3-23
MO. DAY YR.

Signature of Candidate
Edward M. Brzezinski
Printed Name

814 Area Code
814-392-5577 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Sonia Fernandez, Notary Public
Erie County
Commission expires April 3, 2023
Commission number 1288912
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																			
Full Name of Contributing Committee										Amount									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
City										State									
Zip Code										Date [MM/DD/YYYY]									
Full Name of Contributing Committee										Date [MM/DD/YYYY]									
House #										Street Address									
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

AARON SUSMARSKI Esq.

Date [MM/DD/YYYY]

10-25-2019

\$

100.⁰⁰

House #

4036

Street Address

West Lake Rd

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16505

Date [MM/DD/YYYY]

\$

Full Name of Contributor

DR. SILVIA FERRATI

Date [MM/DD/YYYY]

\$

100.⁰⁰

House #

2010

Street Address

WEST 38 ST.

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16508

Date [MM/DD/YYYY]

\$

Full Name of Contributor

JOHN FERRATI II

Date [MM/DD/YYYY]

\$

150.⁰⁰

House #

1237

Street Address

ST. MARY DR

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16509

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)

Filer Identification Number

Full Name of Contributor

THOMAS HAGAN

Date [MM/DD/YYYY]

10/25/2019

\$

500.00

House #

Street Address

P.O. Box 10905

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16514

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

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	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		\$			
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 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

Filler 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		Ed BRZEZINSKI			Date [MM/DD/YYYY]	10/25/2019	\$	62.47
House #	326	Street Address	West Arlington Rd		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509 Party Expenses - Neighbors			
To Whom Paid		HOLY TRINITY USMNS			Date [MM/DD/YYYY]	11/5/2019	\$	55.00
House #		Street Address	23rd & Reed		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504 Tickets etc - Band Party			
To Whom Paid		Ed BRZEZINSKI			Date [MM/DD/YYYY]	10-30-2019	\$	501.55
House #	326	Street Address	West Arlington		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509 Campaign Exp Receipts for			
To Whom Paid		CHERYL BRZEZINSKI			Date [MM/DD/YYYY]	11/22/2019	\$	98.52
House #	326	Street Address	West Arlington Rd		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509 Receipts TO A Number of helpers Thanksgiving Thank You's			
To Whom Paid		FINE WINE & Good Spirits			Date [MM/DD/YYYY]	11/8/2019	\$	76.26
House #		Street Address	LIBERTY PLAZA		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16508 SPIRITS & WINE Door prizes			
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				

793.80

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							