

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)	Candidate	Committee	Lobbyist
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing Committee, Candidate or			
Committee, Candidate or			
Address			
City			
State			
Zip Code			
Type of Report (Place x under report type)			
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report
11/5	2019	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Receipts and Expenditures		For Office Use Only	
From Date	To Date		
5/02	10/22		
A. Amount Brought Forward From Last Report	\$		
1019.01			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
500.00			
C. Total Funds Available (Sum of Lines A and B)	\$		
1519.01			
D. Total Expenditures (From Schedule III)	\$		
895.97			
E. Ending Cash Balance (Subtract Line D from Line C)	\$		
623.04			
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
—			
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 schedule, is to the best of my knowledge and belief true, correct and complete.			
Sworn to and subscribed before me this		Signature of Person Submitting report	
22 <sup>nd</sup> day of October 2019		Cheryl A. Brzezinski	
Signature		CHERYL A. BRZEZINSKI	
My Commission expires 4-3-23		Printed Name	
MO. DAY YR.		814 392-5577	
		Area Code Daytime Telephone Number	
Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.			
I swear (or affirm) that to the best of my knowledge and belief this report 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		Signature of Candidate	
22 <sup>nd</sup> day of October 2019		Edward M. Brzezinski	
Signature		EDWARD M. BRZEZINSKI	
My Commission expires		Printed Name	
MO. DAY YR.		814 392-5577	
		Area Code Daytime Telephone Number	

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Contributor Number	
<b>Itemized Contributions and Receipts-\$50.00 or Less per Contributor</b>	
Total for the reporting period	(1) \$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period	(2) \$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
Contributions Received from Political Committees (Part C)	\$
<i>L PAC 120 w/mt 10</i>	<i>500.00</i>
All Other Contributions (Part D)	\$
Total for the reporting period	(3) \$
<i>500.00</i>	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
Total for the reporting period	(4) \$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	

## 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		LPAC			Date [MM/DD/YYYY]	\$	Amount
					09/19/2019	\$	500. <sup>00</sup>
House #	120	Street Address	WEST 10 St			Date [MM/DD/YYYY]	\$
						\$	
City	Enle	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						Date [MM/DD/YYYY]		\$	
Dom DiPaolo						05/15/2019		100. <sup>00</sup>	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1047		WEST 35 St.							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ERIE		PA		16508					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Fiona Leone						05/16/2019		100. <sup>00</sup>	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1364		WEST 32 St.							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ERIE		PA		16508					
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	
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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]		\$		
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									

  

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, 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.

Filer 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									

  

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**

<b>Filer Identification Number</b>	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
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

<b>Filer Identification Number</b>	
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<b>Full Name of Contributor</b>				<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> MM/DD/YYYY	<b>\$</b>
<b>Description of Contribution</b>					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$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
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	PAT DiPOMLO Scholastic	Date [MM/DD/YYYY]	05/26/2019	\$	50.00	
House #	1049	Street Address	1049 West 35 St			
City	ERIE	State	PA	Zip Code	16518	
Description of Expenditure						

To Whom Paid	Holy Trinity	Date [MM/DD/YYYY]	05/19/2019	\$	55.00	
House #		Street Address				
City		State		Zip Code		
Description of Expenditure						

To Whom Paid	MasterCard - Reemban	Date [MM/DD/YYYY]	07/02/2019	\$	384.92	
House #	326	Street Address	West Ardmore 20pm			
City	ERIE	State	PA	Zip Code	1659	
Description of Expenditure Expenses - Reimburse on bill						

To Whom Paid	ERIE Postmaster	Date [MM/DD/YYYY]	07-24-2019	\$	110.00	
House #		Street Address	37th + Poplar			
City	ERIE	State	PA	Zip Code	16508	
Description of Expenditure STAMP - MAILING						

To Whom Paid	GECAC Annual Dinner	Date [MM/DD/YYYY]	09/20/2019	\$	100.00	
House #		Street Address	9th + Peach			
City		State		Zip Code		
Description of Expenditure Tickets - From Home MINIMAL						

To Whom Paid	Ed Brzezinski	Date [MM/DD/YYYY]	10/15/2019	\$	296.00	
House #	326	Street Address	West Ardmore Pl			
City	ERIE	State	PA	Zip Code	16508	
Description of Expenditure Reimburse Exp. - Receipt on file						

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

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

**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.

<b>Filer Identification Number</b>	
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]	<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>					