

# 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 BRZCZINSKI		
Street Address		326 West Arlington Rd		
City	State	Zip Code		
ERIE	PA	16509		

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	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
			<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11-28-23	12-31-23	
A. Amount Brought Forward From Last Report	\$	10,040.05	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	10,040.05	
D. Total Expenditures (From Schedule III)	\$	357.31	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9682.74	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

## 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

25 day of February 2025

Christopher O'Sayma

Signature

My Commission expires 10 5 2027

MO. DAY YR.

Cheryl Brzezinski

Signature of Person Submitting Report

CHERYL BRZCZINSKI

Printed Name

810

Area Code

392-5481

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Christopher Fanzini, Notary Public  
Erie County  
My commission expires October 5, 2027  
Commission number 1264952  
Member, Pennsylvania Association of Notaries

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

25 day of February 2025

Christopher O'Sayma

Signature

My Commission expires 10 5 2027

MO. DAY YR.

Ed Brzezinski

Signature of Candidate

ED BRZCZINSKI

Printed Name

814

Area Code

392-5677

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Christopher Fanzini, Notary Public  
Erie County  
My commission expires October 5, 2027  
Commission number 1264952  
Member, Pennsylvania Association of Notaries

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

<b>Filer Identification Number</b>			
<b>1. Unitemized 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)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
<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 <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								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 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]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code	Date [MM/DD/YYYY]		S		
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		
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		
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		
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		
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		

**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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		

**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)**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						

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]		\$	
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 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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<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 F)</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

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]	\$	

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							
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**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>					
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>					
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>					
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>					
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>					

SCHEDULE III  
Statement of Expenditures

Filer Identification Number

To Whom Paid		FD BORZELINSKA		Date [MM/DD/YYYY]	\$	357.31
House #	322	Street Address	WEST ARLINGTON	Description of Expenditure		
City	BRIC	State	PA	Zip Code	16509	VMA Exp. Party
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		
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		
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	
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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	
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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	
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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	
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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	
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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	
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