

# 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 Brzezinski		
Street Address		324 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2025	05/15/2025	
A. Amount Brought Forward From Last Report	\$	6502.50	<p>2025 MAY -9 PM 2:06</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	21,600.20	
C. Total Funds Available (Sum of Lines A and B)	\$	28102.50	
D. Total Expenditures (From Schedule III)	\$	14928.27	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	13,174.23	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

<p>Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> report, candidate sign here.</p> <p>I swear (or affirm) that this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete.</p> <p>Sworn to and subscribed before me this <u>9</u> day of <u>May</u> 20<u>25</u></p> <p><u>Lauren E Thayer</u> Signature</p> <p>My Commission expires <u>12-20-2028</u> MO. DAY YR.</p>		<p><u>Cheryl Brzezinski</u> Signature of Person Submitting report</p> <p><u>Cheryl Brzezinski</u> Printed Name</p> <p><u>814</u> <u>392-5481</u> Area Code Daytime Telephone Number</p>	
<p>Part II- If this is a report of a <b>Candidate's Authorized Committee</b>, candidate shall sign here.</p> <p>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.</p> <p>Sworn to and subscribed before me this <u>9</u> day of <u>May</u> 20<u>25</u></p> <p><u>Lauren E Thayer</u> Signature</p> <p>My Commission expires <u>12-20-2028</u> MO. DAY YR.</p>		<p><u>Ed Brzezinski</u> Signature of Candidate</p> <p><u>ED Brzezinski</u> Printed Name</p> <p><u>814</u> <u>392-5577</u> Area Code Daytime Telephone Number</p>	

Member, Pennsylvania Association of Notaries  
Commonwealth of Pennsylvania - Notary Seal  
Lauren E. Thayer, Notary Public  
Erie County  
My commission expires December 20, 2028  
Commission number 1455865

**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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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	- 0 -

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	- 0 -

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	- 0 -

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)		\$	- 0 -
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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)	\$ -0-
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	250. <sup>00</sup>
All Other Contributions (Part B)		\$	750. <sup>00</sup>
Total for the reporting period		(2)	\$ 1000. <sup>00</sup>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	6,000. <sup>00</sup>
All Other Contributions (Part D)		\$	14600. <sup>00</sup>
Total for the reporting period		(3)	\$ 20,600. <sup>00</sup>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 21,600. <sup>00</sup>
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 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	NORTHWEST Good Govt PAC				Date [MM/DD/YYYY]	\$	6,000
House #	160	Street Address	STATE Street		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	LPAC ERIE				Date [MM/DD/YYYY]	\$	250. <sup>00</sup>
House #	120	Street Address	West 10 St.		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	ERIE INSURANCE <sup>POLITICAL</sup> Action Comm				Date [MM/DD/YYYY]	\$	1,000. <sup>00</sup>
House #	100	Street Address	ERIE Insurance Place		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16530	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		AARON SUSMANSKI				Date [MM/DD/YYYY]	\$	200. <sup>00</sup>	
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		MARTIN EISELT				Date [MM/DD/YYYY]	\$	250. <sup>00</sup>	
House #	224	Street Address		WOODBRIAR LN		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		Richard Ferretti				Date [MM/DD/YYYY]	\$	200. <sup>00</sup>	
House #	1238	Street Address		ST. MARY DRIVE		Date [MM/DD/YYYY]	\$		
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor		JONATHAN HAGEN				Date [MM/DD/YYYY]	\$	100. <sup>00</sup>	
House #	19	Street Address		UNIVERSITY MEWS		Date [MM/DD/YYYY]	\$		
City	Ph. LA del pho	State	PA	Zip Code	19104	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 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		GERALD KANONCZYK		Date [MM/DD/YYYY]	04/06/2025	\$	500. <sup>00</sup>
House #	226	Street Address	SEMINOLE DR	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		PATRICK GREAR		Date [MM/DD/YYYY]	04/02/2025	\$	1,000. <sup>00</sup>
House #	311 3B	Street Address	WEST ARLINGTON RD	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		CLEMONT AUSTIN		Date [MM/DD/YYYY]	04/09/2025	\$	500. <sup>00</sup>
House #	3700	Street Address	DREXEL DR	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		DAN TEMPESTINI		Date [MM/DD/YYYY]	04/17/2025	\$	300. <sup>00</sup>
House #	1520	Street Address	W 400 ST	Date [MM/DD/YYYY]	04/25/2026	\$	300. <sup>00</sup>
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

## 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		Robert + Ann Schoellern				Date [MM/DD/YYYY]		\$	800. <sup>00</sup>
House #	4709	Street Address		Highview Blvd		Date [MM/DD/YYYY]		\$	
City	BRUE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]		\$	
Employer Name						Occupation		Retired	
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor		THOMAS MARGAN				Date [MM/DD/YYYY]		\$	10,000.00
House #		Street Address		PO. 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		Robert + Gervie MARZ				Date [MM/DD/YYYY]		\$	500. <sup>00</sup>
House #	345	Street Address		WERT 39 Street		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor		James Walczak				Date [MM/DD/YYYY]		\$	1,000. <sup>00</sup>
House #	11804	Street Address		OLD Lake Rd		Date [MM/DD/YYYY]		\$	
City	NORTHWEST	State	PA	Zip Code	16428	Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									



SCHEDULE III  
Statement of Expenditures

Elder Identification Number	
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To Whom Paid		DISANTIS SIGNS			Date [MM/DD/YYYY]	02/25/2025	\$	1004.02
House #	540	Street Address			WEST 18 STREET			
City	ERIE	State	PA	Zip Code	16502			
		Description of Expenditure						
To Whom Paid		Committee to Elect Marilyn Pol			Date [MM/DD/YYYY]	03/28/2025	\$	1,000
House #	214	Street Address			SANFORD PLACE			
City	ERIE	State	PA	Zip Code	16510			
		DONATION						
To Whom Paid		R-BRILLIANT MEDIA			Date [MM/DD/YYYY]		\$	1994.54
House #		Street Address			P.O. BOX 8505			
City	ERIE	State	PA	Zip Code	16505			
		MAILER						
To Whom Paid		CATHARAL PAPA BASEBALL			Date [MM/DD/YYYY]	02/10/2025	\$	150.00
House #	220	Street Address			WEST 9 ST.			
City	ERIE	State	PA	Zip Code	165			
		DONATION						
To Whom Paid		Committee to Elect Mo Trape			Date [MM/DD/YYYY]	04/18/2025	\$	500
House #	2109	Street Address			JUNE STREET			
City	ERIE	State	PA	Zip Code	16510			
		DONATION						
To Whom Paid		Special Olympics			Date [MM/DD/YYYY]	04/12/2025	\$	500
House #	2576	Street Address			BLVD. of the Generals sec. 124			
City	NORMANTON	State	PA	Zip Code	19403			
		DONATION						
To Whom Paid		LAMAR of ERIE			Date [MM/DD/YYYY]	04/22/2025	\$	17200.00
House #	8235	Street Address			OLIVER RD			
City	ERIE	State	PA	Zip Code	16509			
		Bill Boards - Digital						
To Whom Paid		Creative Impressions			Date [MM/DD/YYYY]	04/20/2025	\$	374.50
House #	2670	Street Address			WEST 11 STREET			
City	ERIE	State	PA	Zip Code	16505			
		T & Scott Shots						



**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number	
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To Whom Paid		VISA CARD - CITIZENS BANK		Date [MM/DD/YYYY]	05/06/2025	\$	746.16
House #	3835	Street Address	PEACH ST.	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	Expenses - Rents AVAILABLE	
To Whom Paid		Ed Brzezinski		Date [MM/DD/YYYY]	04/05/2025	\$	1300.00
House #	326	Street Address	WEST ARLING RD	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	Sons & Lm Gm / Cliff Rd - RENT	
To Whom Paid		Ed Brzezinski		Date [MM/DD/YYYY]	04/22/2025	\$	158.55
House #	326	Street Address	WEST ARLING RD	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	BANNING - UPS / Checks	
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						
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						