Commonwealth of Pennsylvania - Campaign Finance Report

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

	ort Filed By Candida irk X)	ate Com	mittee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	ommilter To	ched Ed	BRZEZINS	4
Street Address	324 West	ARLINGTON PO		
City	282 293 3870	/ Zip G	ode ILSO9	
Type of Report (Place x under report type)	-			
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Pre-Primary Pre-Primary Primary Pre-1	Tuesday 5-2" Friday Election Pre-Election		nnual Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/20 Year	2025	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only	
01/01/2225	es 45 2025			
A. Amount Brought Forward From Last Report \$	6502.58			
B. Total Monetary Contributions and Receipts S (From Schedule I)	21,600.		9_	2025 MAY
C: Total Funds Available \$ (Sum of Lines A and B)	98 109 20	· -		
D: Total Expenditures \$ (From Schedule III)	19728.21			9
E. Ending Cash Balance \$ (Subtract Line D from Line C)	15,174,20			7
F. Value of In-Kind Contributions Received \$ (From Schedule II)	-0-			2: 0
G. Unpaid Debts and Obligations \$ (From Schedule IV)	-0-		**************************************	~. @).
Part 1- If this is a Committee report, treasurer sign here. If t	Affidavit 6e			
I swear (or affirm) that this report, including the attached so			belief true, correct and comp	lete.
Sworn to and subscribed before me this Av of May 20 25	ren E. ission nimiss	Thorned of	Brush is all	s. Esta de la companya d
Lawrent Thave	Thay Thay Erie C expir sion nu	Signature of Perso	n Submittingreport	· .
Signature 17 70 70 70	res December 1458 a Association	Printe	ed Name	
My Commission expires 1200000 MO. DAY YR.	- 1910 - 221	rea Code	Daytime Telephone Num	/ber
Part II- If this is a report of a Candidate's Authorized Comm	ttee, can ब्रुविवरिक होत्वी। अहिंद्री			
I swear (or affirm) that to the best of my knowledge and bel amended.	2 2 2 2	has not violated any provisi	ons of the Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	ommor Lai Yy comi Co fember		21 /.	
day of May 20 d5	onwealth auren E mmission Commis	Signature of	Candidate	
Kausan Cinayes Signature	of Penns Thayer, Erie Cou expires sion num	ED B Printed	Name	<u> </u>
My Commission expires 12-20-2028	of Pennsylvania of Pennsylvania Thayer, Notan Erie County expires Decem expires Decem jion number 14 happis Association	814	392.557	<u>1</u>
MO. DAY YR.	mmonwealth of Pennsylvania - Nc Lauren E. Thayer, Notary Pu Erie County commission expires December Commission number 14558 mber, Panasylvania Association of	rea Code	Daytime Telephone Numb	er
	nsylvania - Notary S. wr. Notary Public ounty ss December 20, 20 mber 1455865 Association of Notari		, .	

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.				
1 UNITEMIZED IN KIND CONTRIBUTION	NS REGEIVED VARUE OF \$5	0 00 ORLL	SSPER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	-0-	
The transfer of the part of the second second				
Z. IN KIND CONTRIBUTIONS RECEIVED	-VALUE/OFS50.01/TO S250	00 (FROM	(PARTE)	
TOTAL for the reporting period	(2)	\$	-0-	
		CONTRACTOR OF THE CONTRACTOR		
3 AN-KIND GONTRIBUTION RECEIVED.	(ALUEOVER \$250 00 (FROM	APART GI		
TOTAL for the reporting period	(3)	\$	-0-	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	-0-	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			•		
		•			

1.Unitemized Contributions and Receipts-\$50.00 or	Less per Contributor		
To	tal for the reporting period	(1)	\$ -0-
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Pa	art A)		\$ 250. 20
All Other Contributions (Part B)			\$ 250. ²⁵
Tot	al for the reporting period	(2)	\$ 1000.0
3. Contributions Over \$250.00 (From Part C and Par	t D)		
Contributions Received from Political Committees (Pa	art C)		\$ 6,000,00
All Other Contributions (Part D)			\$ 14602.00
Tota	l for the reporting period	(3)	\$ 20,60000
4. Other Receipts-Refunds, Interest Farned, Return	ed Checks, ETC. (From Part E	1	
Tota	l for the reporting period	(4)	\$ 21,600.00
Total Monetary Contributions and Receipts during th enter amount totals from Boxes 1, 2, 3 and 4; also enter 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.

Eller Identification Number:				
mpamusan was infational participal participal and appearance upper 3 to 2 to 20 to 2				
Full Name of		1 0	Date [MM/DD/YYYY] \$	
Contributing Committee Nor	HWEST Good	Cook PAC	03/21/2025	6,000
House # Street Address	HWEST GOOD (trut	Date [MM/DD//YYYY] \$	
Ein Eent	State PA Zip Cor	16507	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	PAC ERIS	E	Date [MM/DD/XXXX] \$	250.00
House # 1 2 D Street Address	West 10	St.	Date [MM/DØ/YYYY] \$	
City Eleve	State PA Zip Coo	16501	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	IN SURMER / Exit INSUR	Action Compa	Date [MM/DD/YYYY] S	1,000.00
House # 100 Street Address	EVELE DNSUR	nou proce	Date [MM/DD/YYYY] \$	
BRIE BRIE	State / Zip Coo	16 530	Date [MM/DD/YYYY] S	9200278
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Zip Coo	de	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/XYYY] \$	
City	State Zip Goo	de	Date [MM/DD/YYYY] \$	(2) 전체
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Zip Coo	de.	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 Contributors		
Tuli vaine of contributor	Date [MM/DD/YYYY] - S	ر و
angual Susmanski	64/02/202	200.
House # Street Address	Date [MM/DD/XYYY] S	20
I AND DA		
House # HO34 Street Address West Lake Red City FOR State Red Zip Code Res		繼 表 說
City State Zip Code	Date [MM/DD/YYYY] \$	
City ENE State RA Zip Code Ross		
Full Name of Confributor	Date [MM/DD/YYYY] : S	00
MARTIN Essect	44/04/2028	250.
E666年20年1日 在10年 10年 10年 10年 10年 10年 10年 10年 10年 10年		\$\columbus \columbus \colu
House # 224 Street Address Wood brun LN	Date [MM/DD/YYYY] . S	
224 Woodbam HV		
Gity State Zip Code	Date [MM/DD/YYYY] -\$	
PRIE PA 16505		
Full Name of Contributor	Date [MM/DD/YYYY] SS	
Richard Feretti	COLUMN CONTROL DE RESEAU DE PROPERTOR DE CONTROL DE CON	200
A STATE OF THE COURT OF THE COU	04/08/2026	200-
House #_ Street Address	Date [MM/DD/YYYY] S	
1238 Street Address St. MARY DRIVE		
City State Zip Code	Date [MM/DD/YYYY] S	
ERIE PA 16509		
		and the second s
Full Name of Contributor Toughthe HACEN	Date [MM/DD/YYYY] \$	100.00
700 Brillia Wiceria	04/03/2028	100
House # Street Address 1	Date [MM/DD/YYYY] \$	
House # 19 Street Address University MENS	BECKEN OF THE STATE OF THE STAT	
		96
City State C. Zip Code 10104	Date [MM/DD/YYYY] S	1957 1977 1978 1978 1978
The Lagrange La		
City K. La Lapha State Pr Zip Code 19104 Full Name of Contributor	Date [MM/DD/YYYY] \$	
The Lagrange La		
Full Name of Contributor	.Date (MM/DD/YYYY) \$	
The Lagrange La		
Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYYY] \$	
Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address City State Zip Code Full Name of Contributor	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address City State Zip Code Full Name of Contributor	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address City State Zip Code Full Name of Contributor	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 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)

Eller/identification/Number:	orce in raise cy	į.
Full Name of Contributor	Date [MM/DD/YYYY] S	De la
HOUSE # 226 Street Address Sem. Nole DR	64/06/2008	500.
House # Street Address	Date [MM/DD/YYYY] \$	
Seminou Op		
City State In Zip Code 14505	Date [MM/DD/YYYY] S	
(表演型型が発		
Employer Name	Occupation	<u> </u>
Employer Mailing Address / Principal Place of Business	And the second s	
Full Name of Contributor	Date [MM/DD/YYYY] \$	<i>6</i> 0
House # 31 Street Address WEST AND INSCRET	04/02/2078	1,000.00
House # Street Address	Date [MM/Db/YYYY] S	
		- 1/2
City Err State PA Zip Code 16509	Date [MIM/DD/YYYY] \$	en er
The second secon	Occupation	: 115
Employer Name		a a saad a saasaa barga
Employer Mailing Address /- Principal Place of Business	4 24 24 24 24 24 24 24 24 24 24 24 24 24	
Full Name of Contributor	Date [MM/DD/YYYY] \$	g eg
CLEMONT Austra	09/09/2025	500.00
House # Street Address	Date [MM/DD/YYYY] \$	
3700 BREXEL DR		
City State of Zip Code 11504	Date [MM/DD/YYYY] \$	
Employer Name 11504	Occupation 9	
Employer Mailing Address / Principal Place of Business		The second secon
Full Name of Contributor	Date [MM/DD/YYYY] S	18
House # 1520 Street Address Wast AD STAW	04/11/2025	300.
House # Street Address	Date MM/DD/YYYY) 5	10 20
1510 Wing 340 Shave	64/25/2076	300
City State OA Zip Code 165 09	Date [MM/DD/YYYY] S	
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 Numbers		
Full Name of Contributor Delivert a Dolar Contributor	Date [MM/DD/YYYY] \$	80000
Robert of Ann School on House # 4709 Street Address Migh View RLVd	Date [MM/DD/YYYY] \$	800-
City State Go Zip Code 12509	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /	Occupation Rende	
Principal Place of Business	Date [MM/DD/YYYY] \$	
House # Street Address	03/21/2025 Date [MM/DB/YYYY] \$	10,000.00
City State Cip Code 1 (11)	/ Date [MM/DD/YYYY] \$	
City Engloyer Name State PA Zip Code , 16 544	Occupation	
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor Rubert , Garrie MARZ	Date [MM/DD/YYYY] \$ 03/25/2025	500 :
Robert , Gerrie MARZ House # 345 Street Address WETT 39 Street	Date [MM/DD/YYYY] \$	
City. State Pr Zip Code 12508 (Employer Name	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor	Date [MM/DD/YYYY] \$ 03/29/2025	1,000.
House # 11804 Street Address OLD Wee Rd	Date [MM/DD/YYYY] \$	
City Northerst State PA Zip Code 16428	Date [MM/DD/YYYY] .5	
Employer Name Employer Mailing Address /	Occupation	
Principal Place of Business		

Statement of Expenditures

Elevidentification Numbers

No Whom Paid	Date MM/DD/YYYY) \$
121849115 Signs	62/25/2015 1004.02. Description for Expenditure
House # 540 Street Address WERT 18 Street	Description for Expenditure
Gity Epit State PA Code 16502,	·
Committee to Elect Mapelys Pal	03 18 2015 1,000
House # 214 Street Address SAN Fund Place	Description of Expenditure
Gity ERIE State PS Code 16510	PONRTÓN
R-BOLILIANT MEDIA	Date [MIM/DD/Y009] 25 1994.54
House# Street-Address P.O. Box 8505	Description of Expenditure
Gity BRIE State PG Zip Code 16505	Mailer
CATHORNI Pry BASEBAI)	02/18/2015 150°
House # 230 Street Address Wash & St.	Description of Expenditure
City EQE State PA Code 165	Danmail
Township to god Ma Trosa	04/18/2025 50U
House # 2109 Street Address June Strut	Description of Expenditure
City ERIE State (A Code 1651D	DUNKLOD
Special Olympics	Date [MM/00/MYYY] \$ 500
House # 257; Street-Address Blvd. of U. Generals G. 124	Description of Expenditure
Nounstand State Par Code 19403	DUVERON
LAMAR J. ERIE	04/22/275 7200."
House # 3235 Street Address BLIVER Rd	Description of Expenditure
City BevE State PA Gode 16509	Bill Boards - Dig. IR
Townsmeal Creatin Inpents	04 20/ 2015 374.50
House # 3190 Street Address WEST 11 STrul	Description of Expenditure
Gity Exit State RA Gode 16505	TA Swall Sheets

Statement of Expenditures

Flericeninication Number

Eler Identification Number	
	ezinska
VISA CARD- CITIZENS BANK	05/66/2025 746. V4
House# 3835 Street Address PEACH St.	Description of Expenditure
ERIE State PA Code 16509	Expens - Rent Available
to Whom Paid Ed BRZEZINSki	04/03/2018 1300°
House # 326 Street Address WEST Archyn Rd	Description of Expenditure
ERIL State PAR Code 16509	Some of LAL Good Chiffing- Real.
To Whom Paid BUREZINCK'	SUNA & LM. Gin / Claffet - Quant. Date MM/DD/MWY 5 0 4/22/2025 158.55
House # 321 Street Address WEST ARCHIT RA	Description of Expenditure
Gify Epile State Pro Code 16509	BANNING -4PS/Checks
To Whom Paid	Date [MW/DD/YYYY]
House# Street/Address	Description of Expenditure
City. Stafe Gode	
To,Whom Paid	Date [MM/DD/YYYY] S
House # Street Address	Description of Expenditure
City : State Zip. Gode	
FoWhom Paid	Date [MW/DD/YYYY] 35.
House # Street Address	Description of Expenditure
City State Zip Gode	
To:Whom:Paid:	Dare [MM/DD/YYYY] S
House # Street Address	Description of Expenditure
City State Zip: Code	
Fo:Whom:Paid	Date MM/DD/YAY)
Flouse # Street Address	Description of Expenditure
City State Zip Code	

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 dentification Number				
(Name of Creditor	Patrick of the Control of the Contro			Outstanding Balance of Debt
House # Stre	eet-Address	DA	ATE DEBT INCURRED (
City		State:	Zip Gode	
Description of Debt	- Commence of the commence of	<u> </u>		
Name of Creditor House# Stre	eet-Address	DA	ATE DEBT INCURRED	Outstanding Balance of Debt 3
City		State	Zip Gode	-
Description of Debt				
Name of Greditors House # Stre	eet Address	CONTRACTOR OF THE PROPERTY OF	ATE DEBT-INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Gity Description of Debt		State :	ZID Code = -	-
Name of Creditor				Outstanding Balance of Debt
	eet Address		AFE DEBTHINGURRED [MMYDD/YYYY]	
City will be scription of Debt ***		State	Zip Code	
Name of Englitor				Outstanding Balance of Debt
	eet Address		ATE DEBT INCURRED [MM/DD/YYYY]	
City: Description of Debt		State	Zip Code	
Name of Creditor	Parameter and the second secon		· · · · · · · · · · · · · · · · · · ·	· Gutstanding Balance of Debt · · · ·
House # Stre	et Address		TE:DEBT:INGURRED [MM/DD/\YY\Y\]	
Gity Description of Debt		State	Zip: Code:	