## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER NAME OF FILING COMMITTEE, (			
NAME OF FILING COMMITTEE, C		ON BEHALF OF CANDIDATE	COMMITTEE 2. LOBBYIST 3.
<b></b>		2	1
STREET ADDRESS	ither To Elect ED		Eu
1	36 West Aplengton	Rd	
CITY ER		STATE PA	ZIP CODE
			16809 -
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE  Chie City Council	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR
6th Tuesday 1. Pre-primary			FOR OFFICE USE ONLY
2ND FRIDAY 2. PRE-PRIMARY	DATES OF REPORTING PERIOD 1 1 20 TO	12 31 20	
30 DAY 3.			7   5
6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 123.90	OTES
PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S		N REFERENCE
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOD		98 J
30 day, Post-election	AMENOMENT YES	NO	
ANNUAL 7. REPORT	TERMINATION YES	NO .	10 N
	AFEDA	VIT SECTION	
r statement is tiled o	on behalf of a <u>Political Committee <i>or</i> Can</u> on behalf of a <u>Candidate</u> , the Candidate on behalf of a <u>Contributing Lobbyist</u> , the	ididates's Committee, the	+ <sup>-</sup>
1 SWEAR (OR AFFIRM) THAT	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIAB ID FIFTY DOLLARS (\$250,00) AND THIS REPORT IS, TO TH	ILITIES INCURRED DURING THE REPO	ORTING PERIOD INDICATED ABOVE DID NOT
	SSCRIBED BEFORE ME THIS	///	CIEF, TRUE, CORRECT AND COMPLETE.
	· ·	Cheryl 7	By Ly MARCH RSON SUBMITTING REPORT
SWORN TO AND SUI	SSCRIBED BEFORE ME THIS	SIGNATURE OF PE CHERY L	Brzezinski
SWORN TO AND SUI	SIGNATURE	SIGNATURE OF PE CHERY L	Brzezinski RSON SUBMITTING REPORT
SWORN TO AND SUI	SIGNATURE	SIGNATURE OF PE CHERYL PRI 834 3	Brzezinski
SWORN TO AND SUI  DAY OF _  MY COMMISSION EX	SIGNATURE  SIGNATURE	SIGNATURE OF PE CHERYL PRI S34 AREA CODE	Brzezinski RSON SUBMITTING REPORT BRZEZINSKI NTED NAME 92 6481 DAYTIME TELEPHONE NUMBER
SWORN TO AND SUI  DAY OF _  MY COMMISSION EX  ART II -  Statement is filed o	SIGNATURE  SIGNATURE  PIRES  MO. DAY YR.  In behalf of a Candidate's Authorized Co	SIGNATURE OF PE  CHERYL  PRI  AREA CODE  mmittee, Candidate mus	Brzezinski RSON SUBMITTING REPORT Brzezinski NTED NAME 92 6481 DAYTIME TELEPHONE NUMBER
SWORN TO AND SUI DAY OF  MY COMMISSION EX  ART II -  Statement is filed o  I SWEAR (OR AFFIRM JUNE 3, 1937 (P.L.)	SIGNATURE  PIRES  MO. DAY YR.  n behalf of a Candidate's Authorized Co	SIGNATURE OF PE  CHERYL  PRI  AREA CODE  mmittee, Candidate mus	Brzezinski RSON SUBMITTING REPORT Brzezinski NTED NAME 92 6481 DAYTIME TELEPHONE NUMBER
SWORN TO AND SUI  DAY OF _  MY COMMISSION EX  ART II -  Statement is filed o  I SWEAR (OR AFFIRM JUNE 3, 1937 (P.L.	SIGNATURE  SIGNATURE  PIRES  MO. DAY YR.  In behalf of a Candidate's Authorized Co  THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS  1333, No. 320) AS AMENDED.	SIGNATURE OF PE  CHERYL  PRI  AREA CODE  MMITTEE HAS NOT VICE  SIGNATURE  SIG	RSON SUBMITTING REPORT  BRZEZINSKI  NTED NAME  92 6481  DAYTIME TELEPHONE NUMBER  It sign here.  PLATED ANY PROVISIONS OF THE ACT OF  RE OF CANDIDATE
MY COMMISSION EX  ART II - statement is filed o  I SWEAR (OR AFFIRM JUNE 3, 1937 (P.L.  SWORN TO AND SUE	SIGNATURE  PIRES  MO. DAY YR.  In behalf of a Candidate's Authorized Co  THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS  1333, No. 320) AS AMENDED.  BECRIBED BEFORE ME THIS	SIGNATURE OF PE  CHERYL  PRI  S34  AREA CODE  MMITTEE HAS NOT VICE  SIGNATURE  SIGNATURE	RSON SUBMITTING REPORT  BRZEZINSKI  NTED NAME  92 6481  DAYTIME TELEPHONE NUMBER  It sign here.  PLATED ANY PROVISIONS OF THE ACT OF
MY COMMISSION EX  ART II - statement is filed o  I SWEAR (OR AFFIRM JUNE 3, 1937 (P.L.  SWORN TO AND SUE	SIGNATURE  SIGNATURE  PIRES  MO. DAY YR.  In behalf of a Candidate's Authorized Co  THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS  1333, No. 320) AS AMENDED.  SIGNATURE  20  SIGNATURE	SIGNATURE OF PE  CHERYL  PRI  S34  AREA CODE  MMITTEE HAS NOT VICE  SIGNATURE  SIGNATURE	RSON SUBMITTING REPORT  BRZEZINSKI  NTED NAME  92 6481  DAYTIME TELEPHONE NUMBER  RE OF CANDIDATE  RE OF CANDIDATE  RE OF CANDIDATE  RE OF CANDIDATE  RE 262 INSKI



## Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov 2021 FEB - 5 PH 2: 48

## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Mame of Hilling Comm	nitice, Candidate, or	Lobavist	
Committ	ic To Eller	- El Brus	inde)
Reporting Cycle Nan	le.		
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name



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2021 FEB -5 PM 2: 48

ERIE COUNTY VOTER REGISTRATION

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Cardidate

Printed Name

DSEB-502R 4/15/2020