Filer Identificat Number	ion	mmonwe: (Note: T	alth o	f Per	nnsy	/Ivania	a - Can	npaigi	n Finance	Report		
Name of Filing Committee, Candidate or Lobbyist		his report must be Report Filed By (Mark X)		Candida	i legible	. It shou	Ild be typed Committee		Lobbyist			
			The state of the s		P P	lewiki for Mayer)						
City			43 N. 1			Mult	W H	10	7/11/66	er)		
Type of Report 1-6 th Tuesday	Allentow	n		101000	et	State			Zip Code			
1 eth	(Place x under i	report tyme					PA		Lip code	18101		
1-6 th Tuesday	2- 2 nd Friday	cport type)										
Pre-Primary	Pre-Primary	3- 30 Day Post Primary	4- 6th Tu Pre- Ele	esday ction	100	Friday Election	6- 30 D Electio	ay Post n	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election								1	X			
(MM/DD/YYYY			Year		2	2020	Amend			Termination	1 -	
Summary of Re Expenditures	ceipts and	From Date		To Date			пероп		For	Report Office Use Only		
A. Amount P.		1/1/20		1:	2/31/2	20				office ose only		
A. Amount Broo	ugnt Forward F	rom Last Report	\$		8.336							
B. Total Moneta (From Schedule	ary Contributio	ns and Receipts	\$.07						
C. Total Funds	Available		\$		0							
(Sum of Lines A D. Total Expend	litures				0							
(From Schedule	HI)		\$ 0									
E. Ending Cash Balance (Subtract Line D from Line C)			\$	0								
F. Value of In-K (From Schedule	ind Contributio	ons Received	\$		0							
G. Unpaid Debt (From Schedule	s and Obligation	ons	\$	\$								
(From Scriedule	ivj			10	3,336.	o/ Affidavit Se						
Part 1- If this is a	Committee repor	t, treasurer sign h	ere. If this	is a Can	didate	ronort or		ian here				
i swear (or affirm)	that this report,	including the atta	ched sche	dules on	pape	r, is to the	best of m	y knowled	ge and belief to	rue, correct and com	plete.	
Sworn to and sub	scribed before m	e this		٠.			4:		Part	0 10		
Momental Colon Lisa Pawlowski - Ed Pawlowski unavailable to sign					1							
	Signature	70.6	-			Lis	sa Pawlo	wski - Ed	Printed Nam	navailable to sign.		
My Commission e		04 20	22			61	10		349	-1046		
	MO.	DAY YR.					rea Code		Day	time Telephone Nur	mber	
Part II- If this is a r I swear (or affirm) amended.	eport of a Candio that to the best	late's Authorized of my knowledge a	Committe and belief	e, candi this poli	date s tical co	hall sign ho ommittee	ere. has not vi	olated an	y provisions of	the Act of June 3, 19	37 (P.L. 1333, NO.320) as	
Sworn to and subs	scribed before me	e this										
28 day of	January	20 21	-	1								
Monserrate A Orton						Manage	Signature of Candidate					
	Signature	20 2000	2	, I					Printed Name			
My Commission ex	pires / L C MO.	DAY YR.				_	rea Code		Day	time Telephone Num	ber	

Commonwealth of Pennsylvania - Notary Seal Monserrate L. Cohen, Notary Public Lehigh County My commission expires December 4, 2022 Commission number 1343749

Member, Pennsylvania Association of Notaries

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Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Filer Identification Report Filed By Candidate Number (Mark X) Name of Filing Committee, Candidate or Pawlowski for Mayor 2017 Lobbyist **Street Address** 43 N. 11th Street Zip Code State 18101 City PA Allentown Special 30 Day Type of Report (Place x under report type) Special 2nd Friday 5- 2nd Friday 6-30 Day Post 7- Annual Post-Election 3- 30 Day Post 4- 6th Tuesday 1-6th Tuesday 2- 2nd Friday Pre-Election Election Pre- Election **Pre-Primary** Pre- Election **Pre-Primary Primary** Termination Amendment Year **Date Of Election** Report 2020 Report (MM/DD/YYYY) For Office Use Only To Date From Date **Summary of Receipts and Expenditures** \$ A. Amount Brought Forward From Last Report -28,336.67 **B. Total Monetary Contributions and Receipts** \$ 0 (From Schedule I) \$ C. Total Funds Available 0 (Sum of Lines A and B) \$ D. Total Expenditures 0 (From Schedule III) E. Ending Cash Balance 0 (Subtract Line D from Line C) F. Value of In-Kind Contributions Received Ś 0 (From Schedule II) G. Unpaid Debts and Obligations 28,336.67 (From Schedule IV) Affidavit Section Part 1- 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 Signature of Person Submitting report Lisa Pawlowski **Printed Name** 349-1046 **Daytime Telephone Number** My Commission expires Area Code Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. Part II- IT this is a report of a canada. Part II- IT this is a canada. amended. Sworn to and subscribed before me this Signature of Candidate day of **Printed Name** Signature My Commission expires_ **Daytime Telephone Number** Area Code DAY

> Commonwealth of Pennsylvania - Notary Seal Monserrate L. Cohen, Notary Public Lehigh County

My commission expires December 4, 2022 Commission number 1343749

Member, Pennsylvania Association of Notaries

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize

Filer Identification Number:	rtemize all unpaid debts and obligations which are outstanding at the end of the reporting period.
identification Number:	

Name of Creditor	1):(()	Ed Pawlow	rski					Outstanding Balance of Debt
House #	Stre	et Address	on .	5				
			43 N. 11th Street			E DEBT IN MM/DD/Y		
City		Allentown		State	PA	2017 Zip	18101	18,336.67
Description of Debt		Loan to Ca	mpaign for Operating Expenses			Code		239
Name of Creditor		Marleen Ha						Outstanding Balance of Debt
House #	Stre	et Address	820 N. St. Lucas Street		DAT ()	E DEBT INC MM/DD/Y	YYY]	\$
City		Allentown		State	PA	4/19/201 Zip Code	18104	5,000.00
Description of Debt		Loan to Ca	mpaign for Operating Expenses					
Name of Creditor		Frank Scia	ckitano					Outstanding Balance of Debt
House #	Stre	et Address			DATE DEBT INCURRED [MM/DD/YYYY]			\$
			2513 Brockton Circle	State		1/20/2017 Zip	à	5,000.00
City		Naperville			IL	Code	60565	
Description of Debt		Loan to Ca	mpaign for Operating Expenses			A. S	Salaha da Salaha S	
Name of Creditor				PARK 12		المتعوضة المتعارضة ا	2	Outstanding Balance of Debt
House #	Stre	ET Address DATE DEBT INCURRED [MM/DD/YYYY]				THE RESERVE OF THE PARTY OF THE		
City				State		Zip Code		
Description of Debt								
Name of Creditor								Outstanding Balance of Debt
House #		t Address				DEBT INC IM/DD/YY		
City			S	tate		Zip Code		
Description of Debt								
Name of Creditor								Outstanding Balance of Debt
House #	Stree	t Address				DEBT INCL M/DD/YY		\$
City	3) 3)/\	(b) to be about the state of	S	ate		Zip Code		
Description of Debt								