

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Ed Pawlowski</b>								
STREET ADDRESS <b>43 N. 11th St.</b>								
CITY <b>Allentown</b>		STATE <b>PA</b>	ZIP CODE <b>18101 -</b>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	<b>Mayor - City of Allentown</b>		<b>-</b>	<b>Dem</b>	MO.	DAY	YEAR	
	<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY				
	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	MO.	DAY	YEAR				
	<input type="checkbox"/> 30 DAY POST-PRIMARY	<b>11</b>	<b>26</b>	<b>13</b>	TO	<b>12</b>	<b>31</b>	<b>13</b>
	<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>Ø</u>				
	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>Ø</u>				
<input type="checkbox"/> 30 DAY POST-ELECTION	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> ANNUAL REPORT	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

31<sup>st</sup> DAY OF January 2014

Sally A. Coward  
SIGNATURE

MY COMMISSION EXPIRES 3 MO. 1 DAY 2015 YR.

[Signature]  
SIGNATURE OF PERSON SUBMITTING REPORT

Ed Pawlowski  
PRINTED NAME

610 AREA CODE 434-0260 DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER