

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 <input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ED PAWLOWSKI																		
STREET ADDRESS 43 N. 11th STREET																		
CITY ALLENTOWN		STATE PA	ZIP CODE 18101-															
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE BOUGHT BY CANDIDATE MAYOR		DISTRICT NO.	PARTY DEM	DATE OF ELECTION													
	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>13</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>10</td><td>13</td></tr> </table>		MO.	DAY	YEAR	1	1	13	MO.	DAY	YEAR	5	10	13	FOR OFFICE USE ONLY			
	MO.	DAY	YEAR															
	1	1	13															
	MO.	DAY	YEAR															
	5	10	13															
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>																	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																		
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																		
TERMINATION REPORT? YES <input type="checkbox"/> 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
10th DAY OF May 2013

Sue A. Redfield
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Sue A. Redfield, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec. 26, 2013
 Member, Pennsylvania Association of Notaries

Edwin E Pawlowski
 SIGNATURE OF PERSON SUBMITTING REPORT
EDWIN E PAWLOWSKI
 PRINTED NAME

610 439-7575
 AREA CODE 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 YRL

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER