Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 2

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	, >			Report Filed By:		CANDIDA	ATE X	COMIN	NITTEE	2,	LOB	BYIST	3.
Name of Filing Comm	ittee, Candidate	or Lobbyist	- 17 B								1-0-		
Street Address:	ta to	un c	WHE								=		
	43 N	, // "	Stree	t									
City:	allen	tow	1 PA	- 181	01	State:		Zip Co	de:	-	-		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRID PRE-PRIM	ACCUPATION OF THE RESIDENCE		30 DAY POST PRIMARY		AMEND REPORT	V	YES		NO	
(place X to	PRE-ELECTION		2ND FRID PRE-ELEC	Carlotte and the second	1000	30 DAY 6. POST ELECTION			TERMINATION REPORT?			NO	
the right of report type)	ANNUAL REPORT	X	YEAR	2018	FILING METHOD () CHECK ONE		PAP	PAPER		DISK	ETTE		
Name of Office Sough		RIENI	SOF		100	DATE OF E	YEAR	District Number	Offic Code		Party Code		unty ode
ED PAWLOWSKI					1/4			(SEE II		NSTRUCTIONS FOR CODES)			
			7						OR OF	100	The Control	-	ODES)
Summary of Re and Expenditure		> MC		DIS TO		0. DAY	2018	15					
A. Amount Brought	Forward From	Last Rep	ort	\$	-	37 /	A D	7					
B. Total Monetary						01,0	00	1					
C. Total Funds Ava				\$	_ 2	7 /	10	1					
D. Total Expenditur	es (From Sche	dule III)		s		1,6	00	-1					
E. Ending Cash Balance (Subtract Line D from Line C) \$ -37						37.6	00	1					
F. Value of In-Kind	d Contributions	Received	(From Sched	dule II) \$	· · ·	1,0		7					
G. Unpaid Debts an	d Obligations (F	rom Sche	dule IV)	\$	3	7,6	00						
PART] - If this is	a Committee	report tr		AFFIDAVIT :				and date			2000		
I swear (or affirm) the correct and complete.										wledge			
Sworn to and subscri	bed before me th	iis				1	\ (Y	1-1	Sign	Alve	eun 1	evan
25 4H day of	Januar		20	19]	Z	wat	awt	awit	Ref	2018	5 8	inte	DW.
4	TW-		-{	_ }	Ľ.Ŧ	PANLO	Signature NSK	1 For	E.	A Repo	5/0	zUS	KI
My commission expi		17	201	a		(10		Printed Na	me 9 _ 11	241			
100000000000000000000000000000000000000	MO.	DAY	YR.	<u> </u>		Area Code		09	aytime	Telepho	one Nur	nber	-
PART II - If this is	a report of s	Candidat	a's Authoria	ad Committee		adidata at	of also		Array II		er and		
I swear (or affirm) tha (P.L. 1333, No. 320) as	t to the best of								ns of th	e Act	of June	3, 193	17
Sworn to and subscri		nis											
day of			20]									
					Signature of Candidate								
Signature Signature						Printed Na	rinted Name						
NOTARIAL		DAY	YR,	_ J	-	Area Code		-	avtima "	Talank-	no No-	-b	
Hyari i vvukiisch, i	A TOTAL PROPERTY OF THE PARTY O			THE RESERVE		,4160 0008			aytime `	erepno	me Nun	nper	

Allentown City, Lehigh County

My Commission Expires November 17, 2011 ent of State

Bureau of Commissions, Elections and Legislation

210 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

PAGE 2 OF 2

Reporting Period

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

ED PAWLOWSKI			From _	1/1/20	018 to 12/31/2018
Name of Creditor WOMBLE BOND DICKERSON	(AKA WSCR)				Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$ 07,600
POBOX 601879	DEBT	12	22	2017	
Charlotte		State	28260	1879	
Sum of bills paid for logal d	alt a 1 1-To-	> 1/		Λ-	1017 th A.
Name of Creditor	obt. Only folter	- N	ore w	sed in	
					Outstanding Balance of Debi
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
4.5				•	
Description of Debt					
Name of Creditor		P			Outstanding Balance of Debt
Mailing Address	DATE	1	1		\$
	DEBT	MO.	DAY	YEAR	
Сну		State	Zîp Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED				
		State	Zip Code —	(Plus 4)	
Description of Debt		1 1			
Name of Creditor				ura La	
You have					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			_		
Description of Desc					
Name of Creditor				- West of the	Outstanding Balance of Debt
Mailing Address	To. To	2000	1 - 1		\$
	DATE DEBT INCURRED	Mo.	DAY	YEAR	
City	Timomico	State	Zip Code	(Plus 4)	
Description of Debt		11	-		
				75 - 4T III	PAGE TOTAL
inter Grand Total of Unpaid Debts on	Page 1, Report Cover F	Page, I	tem G.		\$ 2600 00

Name of Filing Committee or Candidate