

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 <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>ED PAWLOWSKI</b>						
STREET ADDRESS <b>43 N. 11<sup>th</sup> STREET</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 <b>MAYOR</b>		DISTRICT NO.	PARTY <b>DEM</b>	DATE OF ELECTION
						MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY 1.						05 16 2017
2ND FRIDAY PRE-PRIMARY 2.						
30 DAY POST-PRIMARY 3.						
6TH TUESDAY PRE-ELECTION 4.						
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>						
ANNUAL REPORT 7.						

  

DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR
		05 02 2017		06 05 2017

  

CASH BALANCE AT END OF REPORTING PERIOD:		\$ -7,500.00
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -10,000

  

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
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		NOTARIAL SEAL	
20 <sup>th</sup> DAY OF June 2017			
SIGNATURE			
MY COMMISSION EXPIRES 12 23 19			
		SIGNATURE OF PERSON SUBMITTING REPORT	
		PRINTED NAME	
		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		SIGNATURE OF CANDIDATE	
DAY OF 20		PRINTED NAME	
SIGNATURE		AREA CODE	
MY COMMISSION EXPIRES		DAYTIME TELEPHONE NUMBER	
MO. DAY YR.			