

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF 2

(COVER PAGE)

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

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF 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>		

<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup> <input checked="" type="checkbox"/> YEAR <b>2018</b>			FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> DISKETTE

Name of Office Sought by Candidate: <b>N/A for 2018</b>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR				

(SEE INSTRUCTIONS FOR CODES)

<b>Summary of Receipts and Expenditures from:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>2018</td> </tr> </table> <b>To</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>12</td> <td>31</td> <td>2018</td> </tr> </table>	MO.	DAY	YEAR	1	1	2018	MO.	DAY	YEAR	12	31	2018	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. Amount Brought Forward From Last Report</td> <td style="width:50%;">\$ -37,600</td> </tr> <tr> <td>B. Total Monetary Contributions and Receipts (From Schedule I)</td> <td>\$ 0</td> </tr> <tr> <td>C. Total Funds Available (Sum of Lines A and B)</td> <td>\$ -37,600</td> </tr> <tr> <td>D. Total Expenditures (From Schedule III)</td> <td>\$ 0</td> </tr> <tr> <td>E. Ending Cash Balance (Subtract Line D from Line C)</td> <td>\$ -37,600</td> </tr> <tr> <td>F. Value of In-Kind Contributions Received (From Schedule II)</td> <td>\$</td> </tr> <tr> <td>G. Unpaid Debts and Obligations (From Schedule IV)</td> <td>\$ 80,365.88</td> </tr> </table>	A. Amount Brought Forward From Last Report	\$ -37,600	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0	C. Total Funds Available (Sum of Lines A and B)	\$ -37,600	D. Total Expenditures (From Schedule III)	\$ 0	E. Ending Cash Balance (Subtract Line D from Line C)	\$ -37,600	F. Value of In-Kind Contributions Received (From Schedule II)	\$	G. Unpaid Debts and Obligations (From Schedule IV)	\$ 80,365.88
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**AFFIDAVIT SECTION**

**PART I - 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29<sup>th</sup> day of January 2019

[Signature]  
Signature

My commission expires 11 17 2019  
MO. DAY YR.

Lisa Pawlowski  
Signature of Person Submitting Report

LISA PAWLOWSKI  
Printed Name

610 349-1046  
Area Code Daytime Telephone Number

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

My Commission Expires November 17, 2019

**NOTARIAL SEAL**  
Ryan T Wukitsch, Notary Public  
Allentown City, Lehigh County  
My Commission Expires November 17, 2019

Department of State • Bureau of Commissions, Elections and Legislation  
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

# 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.

Name of Filing Committee or Candidate <i>Friends of Ed Pawlowski</i>	Reporting Period From <i>1/1/2018</i> To <i>12/31/2018</i>
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Name of Creditor <i>ED PAWLOWSKI</i>					Outstanding Balance of Debt <i>\$ 35,000</i>	
Mailing Address <i>43 N. 11<sup>th</sup> Street</i>	DATE DEBT INCURRED	MO. <i>01</i>	DAY <i>20</i>	YEAR <i>2016</i>		
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18101</i>			
Description of Debt <i>Legal Bills to WSCR - Loan to Committee</i>						

Name of Creditor <i>ED PAWLOWSKI</i>					Outstanding Balance of Debt <i>\$ 2680</i>	
Mailing Address <i>43 N. 11<sup>th</sup> STREET</i>	DATE DEBT INCURRED	MO. <i>12</i>	DAY <i>22</i>	YEAR <i>2017</i>		
City <i>Allentown</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18101</i>			
Description of Debt <i>Legal Bills to WSCR - Loan to Committee</i>						

Name of Creditor <i>WOMBLE BOND DICKERSON (AKA WSCR)</i>					Outstanding Balance of Debt <i>\$ 42,765.88</i>	
Mailing Address <i>PO BOX 601879</i>	DATE DEBT INCURRED	MO.	DAY	YEAR <i>2016</i>		
City <i>Charlotte</i>		State <i>NC</i>	Zip Code (Plus 4) <i>28260</i>			
Description of Debt <i>Outstanding legal bills incurred 2016-2017</i>						

Name of Creditor					Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL  
*\$ 80,365.88*