

Commonwealth of Pennsylvania - Campaign Finance Report

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(Note: This report must be clear and legible. It should be typed)

Filer Identificati Number		Report Filed By Can (Mark X)			Candida	ate			Committee	L	-	X	Lobb	ylst		
Name of Filing (Lobbyist	Committee, Ca	ndidate or	Pawlowski for Mayor 2017													
Street Address		1-15	43 1	N. 11th Str	eet											
City Allentown			1			State	PA			Zip Code	1810	01				
Type of Report	Place x under r	report type)														
1-6 th Tuesday		3- 30 Day Post	4-6	th Tuesday	5. 2	nd Friday	6-30) Day	y Post	7- Annual	Spe	cial 2	nd Friday	Spec	ial 30	Day
Pre-Primary	Pre-Primary	Control of the second s	Pre- Election Pre- Electi				Election				Pre-Election			Post-Election		
					1 1					X						
Date Of Election	1	<u> </u>	Yea	ar	+ '		Ame	ndn	nent			mina	tion		一	
(MM/DD/YYYY)		N/A				2019	Repo				Rep	ort				
Summary of Re	ceipts and	From Date		To Dat	te) IV	For	Office	2 Use	Only			
Expenditures		1/1/2019			2/31/20	/31/2019										
		rom Last Report	- 1	\$	28,336	3.67										
B. Total Moneta (From Schedule	ary Contributio	ons and Receipts		\$	0											
C. Total Funds	Available			\$	0											
(Sum of Lines A and B) D. Total Expenditures				\$	0											
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)				\$	0	_	1									
F. Value of In-K (From Schedule	(Ind Contribution			\$	0		1									
G. Unpaid Debt	s and Obligation	ons		\$	28,336.67											
v. rom scheduk	/					Affidavit S	ection									
		rt, treasurer sign h			andida	te report,	candida						30 m	Man.		
Sworn to and sub		G2023	—	suriedules	on pap	14	Lisa Pa	A IA Si	er	of Person Sub) omitting	N-	fRi			
44.5	evnires Oct	24 2	20	× 1			610				19-1046	6				
My Commission	MO.	DAY YR.	-				Area Co	ode	-	-			ohone Numb	ber		
		lidate's Authorized						ot vio	olated an	ıy provisions o	of the A	ct of J	une 3, 1937	7 (P.L. 1	333, N	D.320) a
Part II- If this is a I swear (or affirm amended. Sworn to and sub		12														
I swear (or affirm amended.	oscribed before n	12	_	· 1		4				mature -f.C						
I swear (or affirm amended. Sworn to and sub	oscribed before m	ne this	_		€ :	19			Sig	gnature of Can				_		
I swear (or affirm amended. Sworn to and sub	oscribed before m	ne this	_	1	€ 3	5			Sig	gnature of Can Printed Nam						

COMMONWFALTH OF PENNSYLVANIA

NOTARIAL SEAL
DANIELA V ESPINAL
Notary Public
CITY OF ALLENTOWN, LEHIGH COUNTY
My Commission Expires Oci 24, 2020

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.

Filer Identificatio	n Number:						
Name of Credit	or Ed Pawlow	uski		Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	Allentown	State	PA Code 18101	18,336.67			
Description of I	Loan to Ca	ampaign Committee for Operating Expens	ses	Total Control			
Name of Credit	or Marleen H	alsey		Outstanding Balance of Debt			
House #	Street Address	820 N. St. Lucas St.	DATE DEBT INCURRED [MIM/DD/YYYY]	\$			
City	Allentown	State	4/19/2017 Zip 18101	5,000.00			
Description of (ampaign Committee for Operating Expens					
Name of Credit	or Frank Scia	nckitano	The state of the s	Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$			
		2513 Brockton Circle	1/20/2017				
City	Naperville	State	IL Zip 60565	5,000.00			
Description of D	Debt Loan to Ca	ampaign Committee for Operating Expens	10000000	INSER.			
Name of Credit	or			Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City		State	Zip Code				
Description of I	Debt						
Name of Credit	Or	HE- 41-77-200		Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City		State	Zip Code				
Description of (Debt	Accessed to the second		Verification (Control of Control			
Name of Credit	or			Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City		State	Zip Code				
Description of I	Debt	Depth					



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Filer Identificati	on		Repo	ort Filed B				Committee		Lobbyist		
Name of Filing Committee, Candidate or			(Mark X)									
Lobbyist Street Address	1 17		_0 /									
			43 N	. 11th Stre	et							
City Allentown					State	PA		Zip Code	18101			
Type of Report (Place x under r	eport type)										
1-6 th Tuesday	2- 2 nd Friday	3-30 Day Post	4-6th	Tuesday	5- 2 nd Frida	-	Day Post	7- Annual	Special 2 nd Friday	Special 30 Day		
Pre-Primary	Pre-Primary			Pre- Election Pre- Election		on Election	on	F 2	Pre-Election	Post-Election		
			1					\times				
Date Of Election			Year				dment		Termination			
(MM/DD/YYYY)		N/A			2019	Repor	t		Report			
Summary of Rec	eipts and	From Date		To Date	<u> </u>		\$ v5 3	For	Office Use Only			
Expenditures		1/1/2019			/31/2019							
		rom Last Report		-	8,336.67							
B. Total Moneta (From Schedule	ry Contributio	ns and Receipts	\$		0							
C. Total Funds Available			\$	0								
(Sum of Lines A and B) D. Total Expenditures			\$	0								
(From Schedule III) E. Ending Cash Balance			\$	0								
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)			+;	\$	0							
G. Unpaid Debt		ons	+	\$								
(From Schedule				1	8,336.67	Section						
Part 1- If this is a C	Committee reno	rt, treasurer sign h	ere. If	this is a Ca	ndidate report	t, candidate	sign here					
I swear (or affirm)	that this report,	, including the atta	ched s	chedules o	n paper, is to	he best of	my knowle	dge and belief t	true, correct and compl	ete.		
Sworn to and subs						Y	2 -	\mathcal{D}_{α}	la up:			
day of	() JO	1) 20 20	=	1		$-\propto$		of Person Subr	nitting report			
-	Signature	<u> </u>				Lisa Paw	IOWSKI	Printed Nan	ne			
My Commission e	xpires_Oct	24 21	0	<u></u>		610		1	9-1046			
	MO.	DAY YR.				Area Coo	ie	Da	ytime Telephone Numi	per		
		idate's Authorized										
							violated ar	ny provisions of	the Act of June 3, 1937	7 (P.L. 1333, NO.320) a		
Sworn to and sub:	scribed before m	ne this										
				8 9 () 3 0								
day of		20	_				Sig	gnature of Cand	lidate			
	Signature		===	. 1				Printed Name	•			
My Commission e			_	4		A		H-B-	time Telephore Numb	er		
	MO.	DAY YR.				Area Coo	ae	Day	ytime Telephone Numb	rel		
					COMMONWEALTH	OF PENNSYLV	ANIA					

NOTARIAL SEAL

DANIELA V ESPINAL

Notary Public

CITY OF ALLENTOWN, LEHIGH COUNTY

My Commission Expires Oct 24, 2020

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.

Filer identification	Number:						
Name of Credito	Ed Paw	owski				Outstanding Bala	nce of Debt
House #	Street Addre		1	DAT	E DEBT INCURRED	\$	
		43 N. 11th Street			MM/DD/YYYY]		
City	Allentov	/n	State	PA	Zip Code 18101	18,336.67	7
Description of D	Loan to	Campaign Committee fo	or Operating Expense	es			
Name of Credito	or .					Outstanding Bala	nce of Debt
House #	Street Addre	s			E DEBT INCURRED MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of D	lebt						
Name of Credito	or .					Outstanding Bala	nce of Debt
House #	Street Addre	ess			E DEBT INCURRED MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of D	ebt				.texase.man.ud.		
Name of Credito	or					Outstanding Bala	nce of Debt
House #	Street Addre	355		11 IN THE PROPERTY OF THE PARTY.	E DEBT INCURRED MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of D	Pebt		Instruction of				
Name of Credito	Of					Outstanding Bala	nnce of Debt
House #	Street Addre	255			E DEBT INCURRED MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of D	Pebt						
Name of Credito	or					Outstanding Bal	ance of Debt
House #	Street Addr	ess		THE REPORT OF THE PARTY OF THE	E DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code	_	
Description of D)ebt		SARINAS			(3999)	