

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Ed Pawlowski (Friends of Ed Pawlowski)					
Street Address		43 N. 11th Street					
City	Allentown	State	PA	Zip Code	18101		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		N/A	Year	2018	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2018	12/31/2018	
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)	\$	925	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-38,525	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

26 day of January 20 21
Monserrate L. Cohen
 Signature

Lisa Pawlowski
 Signature of Person Submitting report
 Lisa Pawlowski for Ed Pawlowski (Unavailable for signature)
 Printed Name

My Commission expires 12 4 2022
 MO. DAY YR.

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

My Commission expires _____
 MO. DAY YR.

 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Monserrate L. Cohen, Notary Public
 Lehigh County
 My commission expires December 4, 2022
 Commission number 1343749
 Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
-------------------------------------	--

To Whom Paid					Date [MM/DD/YYYY]		\$
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]		\$
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]		\$
WSCR (as a loan to FOEP Committee)					1/1/2018 - 12/31/2018		925
House #	Street Address				Description of Expenditure		
	PO Box 601879						
City	Charlotte	State	NC	Zip Code	28260-1879	Legal Bills	

To Whom Paid					Date [MM/DD/YYYY]		\$
WSCR (as a loan to FOEP Committee)					1/1/2017 - 12/31/2017		2,600
House #	Street Address				Description of Expenditure		
	PO Box 601879						
City	Charlotte	State	NC	Zip Code	28260-1879	Legal Bills	

To Whom Paid					Date [MM/DD/YYYY]		\$
WSCR (as a loan to FOEP Committee)					1/20/2016		35,000
House #	Street Address				Description of Expenditure		
	PO Box 601879						
City	Charlotte	State	NC	Zip Code	28260-1879	Legal Bills	

To Whom Paid					Date [MM/DD/YYYY]		\$
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]		\$
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]		\$
House #	Street Address				Description of Expenditure		
City		State		Zip Code			