

# Commonwealth of Pennsylvania - Campaign Finance Report

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

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

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<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"/>
<b>Date Of Election (MM/DD/YYYY)</b>		N/A	<b>Year</b>	2017	<b>Amendment Report</b>	<input checked="" type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

<b>Summary of Receipts and Expenditures</b>	<b>From Date</b>	<b>To Date</b>	<b>For Office Use Only</b>
	1/1/2017	12/31/2017	
<b>A. Amount Brought Forward From Last Report</b>	\$	-35,000	
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	0	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	-35,000	
<b>D. Total Expenditures (From Schedule III)</b>	\$	2,600	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	-37,600	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	0	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	0	

## 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**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		WSCR (as a loan to FOEP Committee)			Date [MM/DD/YYYY]	\$	2,600
					1/1/2017 - 12/31/2017		
House #		Street Address	PO Box 601879		Description of Expenditure		
City	Charlotte	State	NC	Zip Code	28260-1879		
					Legal Bills		
<b>To Whom Paid</b>		WSCR (as a loan to FOEP Committee)			Date [MM/DD/YYYY]	\$	35,000
					1/20/2016		
House #		Street Address	PO Box 601879		Description of Expenditure		
City	Charlotte	State	NC	Zip Code	28260-1879		
					Legal Bills		
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
<b>To Whom Paid</b>					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			