Commonwealth of Pennsylvania - Campaign Finance Report

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

		(Hote: III	ACCRECATE VALUE OF THE PARTY OF		Name and Address of the Owner, where	and the last of th		10 3110	uid be typed				
Filer Identificat Number			Repoi	t Filed I c X)	Ву	Candida	ite	\times	Committee			Lobbyist	
Name of Filing Lobbyist	Committee, Ca	ndidate or	Ed Pa	vlowski	(Friend	s of Ed F	awlowski)						
Street Address			43 N.	1th Stre	et								
City Allentown						State	PA		Zip Code	18101			
Type of Report	(Place x under	report type)											
1-6th Tuesday	2- 2 nd Friday	3- 30 Day Post	A 6th T	uesday	E 200	Friday	6- 30 Da	y Post	7- Annual	Special 2 ⁿ	Friday	Special 30	Day
Pre-Primary	Pre-Primary		Pre- El		1	Election	Election		7 7 111111111	Pre-Electi		Post-Elect	
									\times				
Date Of Election			Year				Amendr	nent		Terminati	on		
(MM/DD/YYYY) N/A				2019		Report			Report				
Summary of Re	ceipts and	From Date		To Dat	e				For	Office Use C	only		
	Expenditures 1/1/2019		12/31/2019		19								
A. Amount Bro	ught Forward F	rom Last Report	\$		-38,52	5							
B. Total Moneta (From Schedule		ons and Receipts	\$	\$ 0									
C. Total Funds			\$	\$									
(Sum of Lines A					-38,52	o							
D. Total Expend			\$	\$ 650									
(From Schedule				-39,175									
E. Ending Cash (Subtract Line D			\$			5							
F. Value of In-K		ons Received	\$										
(From Schedule				0									
G. Unpaid Debt	s and Obligation	ons	\$	0									
(From Schedule	IV)				U								
						ffidavit Se							
Part 1- If this is a	Committee report	rt, treasurer sign he including the attac	ere. If the	is is a Ca	ndidate	report, ca	hest of my	n here.	lge and helief tr	ue correct a	nd complet	-	
Sworn to and sub			illed scr	edules o	прарсі	, 13 to the	Dest of my	1	age and belief th			e.	
	anyary		_	1				Da	Taw	Dw-	3621	_	
Mouser		how		-		Li			of Person Subm Ed Pawlowski		for signal	tur	
77.00	Signature		-						Printed Nam	е		_	
My Commission e	xpires /2	4 202	22			6	10		349	1046			
My Commission expires 12 7 2012 MO. DAY YR,					,	Area Code		Day	time Telepho	ne Numbe	r		
Part II- If this is a	eport of a Candi	date's Authorized (Commit	tee, cand	lidate si	nall sign h	ere.						
I swear (or affirm) amended.	that to the best	of my knowledge a	nd beli	f this po	litical co	ommittee	has not vio	lated an	y provisions of t	he Act of Jun	e 3, 1937 (I	P.L. 1333, NO).320) as
Sworn to and sub	scribed before m	e this											
day of		20		14									
day of													
Signature				- 1			Printed Name				_		
My Commission expires													
MO. DAY YR.						-	Area Code	_	Dayt	ime Telephor	e Number	7	
1													

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

Statement of Expenditures

Filer Identification Number:	5 SAND 100 MIC SAN VI N 0 200 NI
The identification radiiber.	

				Date [MM/DD/YYYY]	6
To Whom Paid	WSCR (as a loan to	FOEP Committee)		1/1/2019 - 12/31/2019	650
House #	Street Address			Description of Expendi	ture
	PC	D Box 601879			
Charlotte		State NC	Zip. 28260-1879	Legal Bills	
To Whom Paid	WSCR (as a loan to	FOED Committee)		Date [MM/DD/YYYY]	\$ 925
Carlotte Carlotte	WSCK (as a loan to	roer commutee)		1/1/2018 - 12/31/2018	
House #	Street Address Po	O Box 601879		Description of Expendit	ture
Charlotte		State NC	Zip Code 28260-1879	Legal Bills	
To Whom Paid		50500 :::)		Date [MM/DD/YYYY]	\$ 2,600
	WSCR (as a loan to	FOEP Committee)		1/1/2017 - 12/31/2017	2,600
House#	Street Address PC	D Box 601879		Description of Expendit	ure
Charlotte	ESCHOOLS AND ASSESSED OF	State NC	Zip Code 28260-1879	Legal Bills	
To Whom Paid			1 (Chilliphia Account Arm)	Date [MM/DD/YYYY]	\$
	WSCR (as a loan to	FOEP Committee)		1/20/2016	35,000
House #	Street Address	O Box 601879		Description of Expendit	ure
City Charlotte	(6) Street (1) On the Little Street Control of the a	State NC	Zip 28260-1879	Legal Bills	
STATE STATE OF THE		(B) this section of the section of t	PANAS PERSONAL PURS		
To Whom Paid				Date [MM/DD/YYYY]	\$ **
To Whom Paid	Street Address			Date [MM/DD/YYYY] Description of Expendit	
	Street Address	State	Zip Code	Description of Expendit	ture
House #	Street Address	State		Description of Expendit	ture
House # City To Whom Paid	The second se	State		Description of Expendit	cure .
House #	Street Address Street Address	State		Description of Expendit	ture
House # City To Whom Paid	The second se	State State		Description of Expendit	ture
House # City To Whom Paid House #	The second se	Assertation (1975)	Code	Description of Expendit	cure .
House # City To Whom Paid House # City To Whom Paid	Street Address	Assertation (1975)	Code	Description of Expendit Date [MM/DD/YYYY] Description of Expendit Date [MM/DD/YYYY]	ure ure
House # City To Whom Paid House # City To Whom Paid	The second se	State	Zip	Description of Expendit Date [MM/DD/YYYY] Description of Expendit	ure S ture
House # City To Whom Paid House # City To Whom Paid	Street Address	Assertation (1975)	Code	Description of Expendit Date [MM/DD/YYYY] Description of Expendit Date [MM/DD/YYYY]	ure ure
House # City To Whom Paid House # City To Whom Paid	Street Address	State	Zip	Description of Expendit Date [MM/DD/YYYY] Description of Expendit Date [MM/DD/YYYY]	ure ure
House # City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip	Description of Expendit Date [MM/DD/YYYY] Description of Expendit Date [MM/DD/YYYY] Description of Expendit	ture