

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)	<input type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		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- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd 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	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	77,190	

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 Cohen
 Signature

My Commission expires 12 4 2022
 MO. DAY YR.

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

My Commission expires
 MO. DAY YR.

Signature of Candidate
 Printed Name

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 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 Creditor		Ed Pawlowski				Outstanding Balance of Debt	
House #	Street Address	43 N. 11th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$	35,000
				1/20/2016			
City	Allentown	State	PA	Zip Code	18101		
Description of Debt		Legal bills paid, to WBD, as loan to the FOEP committee					

Name of Creditor		Ed Pawlowski				Outstanding Balance of Debt	
House #	Street Address	43 N. 11th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,600
				1/1/2017 - 12/31/2017			
City	Allentown	State	PA	Zip Code	18101		
Description of Debt		Legal bills paid, to WBD, as loan to the FOEP committee					

Name of Creditor		Ed Pawlowski				Outstanding Balance of Debt	
House #	Street Address	43 N. 11th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$	925
				1/1/2018 - 12/31/2018			
City	Allentown	State	PA	Zip Code	18101		
Description of Debt		Legal bills paid, to WBD, as loan to the FOEP committee					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor		WBD (Formerly WSCR)				Outstanding Balance of Debt	
House #	Street Address	PO Box 601879		DATE DEBT INCURRED [MM/DD/YYYY]		\$	38,665
				2016-2017			
City	Charlotte	State	NC	Zip Code	28260		
Description of Debt		Legal Bills Owed					