

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input type="checkbox"/>	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE, OR LOBBYIST Ed Pawlowski									
STREET ADDRESS 43 N. 11th Street									
CITY Allentown				STATE PA		ZIP CODE 18101			
TYPE OF REPORT (Check One)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1. <input type="checkbox"/>		Mayor				DEM		MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY 2. <input type="checkbox"/>								5 16 2017	
30 DAY POST-PRIMARY 3. <input type="checkbox"/>		DATES OF REPORTING PERIOD			MO. DAY YEAR			FOR OFFICE USE ONLY	
6TH TUESDAY PRE-ELECTION 4. <input type="checkbox"/>		1 1 2016 TO 12 31 2016							
2ND FRIDAY PRE-ELECTION 5. <input type="checkbox"/>		CASH BALANCE AT END OF REPORTING PERIOD: -\$35,000.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$35,000.00							
30 DAY POST-ELECTION 6. <input type="checkbox"/>									
ANNUAL REPORT 7. <input checked="" type="checkbox"/>									
		AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee of Candidate's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

31 DAY OF January 2017

Dayci D Sampaio SIGNATURE

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DAYCIRI D SAMPAYO 484

Notary Public

CITY OF ALLENTOWN, LEHIGH COUNTY

My Commission Expires Aug 20, 2019

ED PAWLOWSKI PRINTED NAME

649-5753 DAYTIME TELEPHONE NUMBER

PART II -

If Statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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