

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a 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 checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CASIMIR J. KWITOWSKI					
STREET ADDRESS 4015 STANLEY AVE.					
CITY ERIE		STATE PA	ZIP CODE 16504		
TYPE OF REPORT - (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CITY OF ERIE TREASURER	DISTRICT NO.	PARTY	DATE OF ELECTION	
				MO.	DAY
6TH TUESDAY PRE-PRIMARY	1.				
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>				
30 DAY POST-PRIMARY	3.				
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.				
ANNUAL REPORT	7.				

DATES OF REPORTING PERIOD		TO			
MO.	DAY	YEAR	MO.	DAY	YEAR
1	1	23	5	1	23

CASH BALANCE AT END OF REPORTING PERIOD:	\$ <u>(195.05)</u>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ <u>195.05</u>

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

FOR OFFICE USE ONLY
 2023 MAY -4 PM 1:09
 ERIE COUNTY
 VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates'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 4 DAY OF May _____ SUE SHEPHERD SIGNATURE MY COMMISSION EXPIRES 12-02-2024 MO. DAY YR.	_____ SIGNATURE OF PERSON SUBMITTING REPORT CASIMIR J. KWITOWSKI PRINTED NAME 814 825-7601 AREA CODE 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