

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	2.	LOBBYIST	3.			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CASIMIR J. KWITOWSKI											
STREET ADDRESS 4015 STANLEY AVE.											
CITY ERIE				STATE PA.		ZIP CODE 16504 - 2405					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE CITY OF ERIE TREASURER			DISTRICT NO.		PARTY		DATE OF ELECTION		
									MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY		1.									
2ND FRIDAY PRE-PRIMARY		2.									
30 DAY POST-PRIMARY		3.									
6TH TUESDAY PRE-ELECTION		4.									
2ND FRIDAY PRE-ELECTION		5. <input checked="" type="checkbox"/>									
30 DAY POST-ELECTION		6.									
ANNUAL REPORT		7.									

DATES OF REPORTING PERIOD			TO			DATE OF ELECTION		
MO.	DAY	YEAR				MO.	DAY	YEAR
6	6	23				10	23	23

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

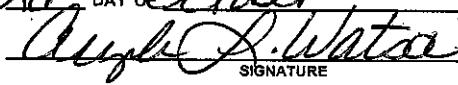
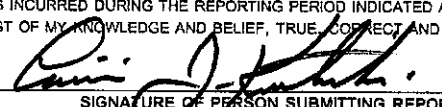
AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>

FOR OFFICE USE ONLY
 ERIE COUNTY
 OCT 26 PM 3:02
 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 THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 26th DAY OF October  SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____	 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 _____