

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	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST COMMITTEE TO ELECT CASIMIR J "KAZ" 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		MO.		DAY		YEAR		TO		MO.		DAY		YEAR	
		6		6		23				10		23		23	

CASH BALANCE AT END OF REPORTING PERIOD:		\$ 600.65	
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 VOTER REGISTRATION	2023 OCT 26 PM 3:02

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 IS TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 24th DAY OF October Deborah A. Watson SIGNATURE MY COMMISSION EXPIRES 12/02/2026 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT Mary Jean M Kwitowski PRINTED NAME 10/26/23 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 24th DAY OF October 20 23 Deborah A. Watson SIGNATURE MY COMMISSION EXPIRES 12/02/2026 MO. DAY YR.	SIGNATURE OF CANDIDATE Casimir J. Kwitowski PRINTED NAME 814 825-7601 AREA CODE DAYTIME TELEPHONE NUMBER