

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 <u>Joseph M Koscienski</u>						
STREET ADDRESS <u>15319 Union Lebowitz Rd</u>						
CITY <u>Union City</u>		STATE <u>PA</u>		ZIP CODE <u>16438</u>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <u>Union Township Supervisor</u>	DISTRICT NO.	PARTY <u>Democrat</u>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			<u>5</u>	<u>20</u>	<u>25</u>
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
<u>3</u>	<u>11</u>	<u>25</u>		<u>5</u>	<u>5</u> <u>25</u>

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

2025 MAY 13 AM 10:38

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	
<u>13</u> DAY OF <u>May</u> 20 <u>25</u>	
<u>Rauren E Thayer</u>	<u>Joseph M Koscienski</u>
SIGNATURE	SIGNATURE OF PERSON SUBMITTING REPORT
MY COMMISSION EXPIRES <u>12-20-2028</u>	PRINTED NAME <u>Joseph M Koscienski</u>
MO. DAY YR.	AREA CODE <u>434</u> DAYTIME TELEPHONE NUMBER <u>7230</u>

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 OF CANDIDATE
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES MO. DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER