Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer Identificat	ion	(1000.1)	Repo	rt Filed E	By Candid			Committee			Lobbyist
Number Name of Filing (Committee, Ca	ndidate or	(Mai	rk X) Peter Pa	acansky						
Lobbyist Street Address						······································					
			8410	Luther R		T		1 7to Oods	T		
City	Girard				State	PA		Zip Code	16417		
Type of Report (<u> </u>										
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 nd Friday Pre- Election	V :-	ay Post n	7- Annual	Special 2" Pre-Electi		Special 30 Day Post-Election
	X										
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		2021	Amend Report			Terminati Report	ion	
Summary of Re	ceipts and	From Date		To Date)			For	Office Use (Only	
Expenditures		3/10/2021		5/	01/2021						
A. Amount Brou	ight Forward F	rom Last Report	8		0		<u> </u>				
B. Total Moneta (From Schedule		ns and Receipts	8	2	2054.82	-					
C. Total Funds A (Sum of Lines A	vailable and B)		\$		0	1					
D. Total Expend (From Schedule			8	2	2054.82						
E. Ending Cash E (Subtract Line D	from Line C)		8		0						
F. Value of In-Ki (From Schedule		ons Received	8		0						
G. Unpaid Debts (From Schedule		ns	8		0.						
Part 1- If this is a C	ommittee renor	t trascurar clan h	ore if th	ile le a Can	Affidavit S		an here				
l swear (or affirm)	that this report,	including the atta	ched sch	nedules or	paper, is to th	e best of my	kyowiec	ige and helief t	rue, correct a	nd comple	te.
Sworn to and subs	cribed before m	e this			г		lug	Ham			1
day of		20	ī	Ì	L		ignature	of Person Subn	i <u>lt</u> ting report		_
	Signature		٦	r	_	70	รูกูป	PETER Printed Nam	PACA-NER	7-	
My Commission ex	_				,	814			9-620	26	
ing community or	MO.	DAY YR.				Area Code			time Telepho		or
Part II- If this is a re										,	
i swear (or affirm) amended.	that to the best	of my knowledge :	and bell	ef this pol	itical committee	has not vic	ilated any	y provisions of '	the Act of Jun	e 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subs	cribed before m	e this			F		for				-
day of		20	ī	1	L		Sion	nature of Candle	date		
	Signature		j		-	Just	الدي	ETER Printed Name	PACANSKY	1	
My Commission ex	_			. !		814			9-626	56	
y wommington un	MO.	DAY YR.			-	Area Code			ime Telephon		

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	8	93.91
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 8)		
Contributions Received from Political Committees (Part A)	8	
All Other Contributions (Part B)	8	481.94
Total for the reporting period (2)	8	481.94
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	О
All Other Contributions (Part D)	8	1478.97
Total for the reporting period (3)	8	1478.97
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	8	2054.82

PART A **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number				<u>, , , , , , , , , , , , , , , , , , , </u>
					
Full Name of Co				Amou	int
Committee	ontributing			Date [MM/DD/YYYY] \$	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] 8	
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Fuil Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	······································	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	····		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Cor Committee	tributing	* · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	,,,,
					i

PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer (dentification)	Number:				- 11
Full Name of Con	tributor Justin Pete	r Pacansky		Date [MM/DD/YYYY] 03/12/2021	165.00
House # 8410	Street Address	Luther Road	, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] 04/6/2021	210.94
City Girard		State PA	Zip Code 16417	Date [MM/DD/YYYY]	\$ 106.00
Full Name of Con	Indiana de la	1 45 W. S.		04/12/2021	ali. Pag
ruii Name oi Con	iridutor			Date [MM/DD/YYYY]	
House #	Street Address	·····		Date [MM/DD/YYYY]	* (3) 4 : 1 (4) : 1 (5) : 1
City		State	Zip Code	Date [MM/DD/YYYY]	3 3 3
Full Name of Cont	ributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Cont	ributor			Date Mark (DD 00000	2 to 1
				Date [MM/DD/YYYY]	
House #	Street Address	•		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	6::
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$4 4 4 4
House #	Street Address	·		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cont	ributor		1 Comp. 12 (2.13)	Date [MM/DD/YYYY]	
House #	Street Address	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	1.00 (
(A) (A) (A)		Program (Control of the Control of t			

PART C Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification N	umber:			J	
Full Name of				Date [MM/DD/YYYY]	1.43
Contributing Com	nittee			Pero Facial Section 1	
House #	Street A	Adrage		Date [MM/DD/YYYY]	
	gridor	.uuress		Date [with) DD1 : 1 1 1	
City		State	Zip Code	Date [MM/DD/YYYY]	
			Zip vous	Odre [mim/sp/1114]	
Full Name of				Date [MM/DD/YYYY]	
Contributing Comm	nittee			- <u> </u>	
House #	Street A	iddress		Date [MM/DD/YYYY]	
				Control of the second s	
City	17. 2	State	Zip Code	Date [MM/DD/YYYY]	3.
				othe finni sale is 1	
Full Name of		100 800 004	<u> </u>	Date [MM/DD/YYYY]	
Contributing Comn	nittee			<u> </u>	
House #	Street A	ıddréss		Date [MM/DD/YYYY]	
		M to room			
City		State	Zip Code	Date [MM/DD/YYYY]	
				Auto language de la 18	
Full Name of		160 cm of the contract of the	Land and st	Date [MM/DD/YYYY]	
Contributing Comm	iftee				
House #	Street Ad	indress		Date [MM/DD/YYYY]	
				1	
City	1-7- 2-15	State	Zip Code	Date [MM/DD/YYYY]	
				Paris Andrews and Angres of the Paris and Angres of th	
Full Name of		<u> </u>		Date [MM/DD/YYYY]	
Contributing Comm	ittee				
House #	Street Ad	ddress		Date [MM/DD/YYYY]	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(Sec. 7)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	(7,4) (8,8)
Full Name of				Date [MM/DD/YYYY]	8
Contributing Comm	lttee				
House #	Street Ad	ddress		Date [MM/DD/YYYY]	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	1 3 C

All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification N	umber:				
Full Name of Cont	ributor Justin Pete	er Pacansky		Date [MM/DD/YYYY] \$ 1478.97	
House # 8410	Street Address	Luther Road		Date [MM/DD/YYYY] \$	
City Girard		State PA	Zip Code 16417	Date [MM/DD/YYYY] \$	
mployer Name		PDQ Pest Control		Occupation Application Technician	
mployer Mailing Principal Place of E		8799 Ridge Road	Girard, PA 16417		
uli Name of Cont				Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] 8	
Alty		State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name				Occupation	
Employer Mailing A Principal Place of E					
ull Name of Contr	ibutor			Date [MM/DD/YYYY] 8	
louse #	Street Address			Date [MM/DD/YYYY] &	
ilty		State	Zip Code	Date [MM/DD/YYYY] &	
mployer Name		<u> </u>	Land the style	Occupation	
mployer Mailing / rincipal Place of B	Address /				
ull Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name				Occupation	
mployer Mailing A rincipal Place of B					

PART E

Other Receipts
REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification N	umber:			
建物类型的现在分 类			=	
Full Name	: C+ +C)(4			
	N			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descriptio	n.			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	no de la companya de			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 1
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	로 발발함 소프라이		Code	Age
Receipt Description		h_b_abada		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 8
	다음(1) 10명(1)		Code	Satis [alla/) DD/ TTFI]
Receipt Description			Tell (Self)	1.1
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 8
Receipt Description			Code	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CON	TRIBUTOR
TOTAL for the reporting period	(1)		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$ 50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	 	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$ 25	D.00 (FROM PART G)	
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	NS DURING THIS REPO om boxes 1, 2, and 3; a	RTING \$ Iso enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification	on Number:				
		F			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address	.5	***	Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of (
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address	js		Date [MM/DD/YYYY]	
# 65 E		# <u></u>			
City	, ,,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Description of C	Contribution			!	
Full Name of Co				CP-35-71414/DD/WWVI	1 A. F
FUH MAINS	ALLIBRIO			Date [MM/DD/YYYY]	
House #	Street Address	8		Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution				
Full Name of Co	intributor			Date [MM/DD/YYYY]	
House #	Street Address	s		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	erika Parana Parana
		1		A	
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address	2		Date [MM/DD/YYYY]	
	Sti Dot Francisco			Pare Parent political	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	antelhution				
Description of c.	Jittibution				

In-Kind Contributions Received

			VALUE OVER \$ 250	
Filer Identificat	ion Number:			
gislis I, store is seems.	e things in the			
Full Name of (Contributor			Date [MM/DD/YYYY] 8
	70mmbuton			Date [MM/DD/YYYY] 8
House #	Street Address			Data FARM/DD/DOWN
	Seer Huuress			Date [MM/DD/YYYY] #
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Nam	ne			Occupation
	iling Address / Principal	10 m		Description
Place of Busin	less	\$ \$1		of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
		<u></u>		
House #	Street Address			Date [MM/DD/YYYY] \$
City	, _ .	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam		North Action (North Action (No		
				Occupation
Employer Mail Place of Busine	ling Address / Principal ess			Description of Contribution
Full Name of C	ontributor	<u></u>		Date [MM/DD/YYYY] \$

House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	•			Occupation
	ing Address / Principal	2)		Description
Place of Busine	.88			of State of
Full Name of Co	ontributor	<u> </u>		Contribution Date [MM/DD/YYYY] \$
				Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
				Parties Francisco Control Control
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Maili	ing Address / Principal	3		Description
Place of Busine:				of Contribution
Control of the contro		-1		1., adurétimentent : 1

Statement of Expenditures

Flier Identificat	tion Number:			
T- Whom Da	<u>24-25 - 24-4 - 44-4 - </u>			
To Whom Pal	,d		·-	Date [MM/DD/YYYY] \$
House #	Street Address	3		Description of Expenditure
City		State	Zip Code	
To Whom Pai	id	100 m/ 1	Code	Date [MM/DD/YYYY] \$
House#	Street Address	1		
	Stiebt Mudicos			Description of Expenditure
City		State	Zip Code	
To Whom Paid			1	Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City	10000000	State	Zip Code	
To Whom Paid		India de ang		Date [MM/DD/YYYY] \$
House #	Street Address		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Description of Expenditure
City	<u> </u>	State	Z/p Code	
To Whom Paid		Lamara varia		Date [MM/DD/YYYY] \$
House #	Street Address	<u> </u>		Description of Expenditure
City	<u> </u>	State	Zip Code	
To Whom Paid		<u> </u>	East with a second	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Gode	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	<u></u>	State	Zip Code	(1965年1986年) 20日本語書籍的記憶等(1965日本語) 20日本語

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Cred	litor			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of	Debt		Code	
Name of Credi	tor Course			
louse #	Street Address			Outstanding Balance of Deb
	otreet Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ity		State	Zip*- 6	
escription of	Debt		Code	
ame of Credit	<u> </u>			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
ty		State	Zip	
escription of I	Debt	以水位	Code	Program Target
ame of Credit	Or Control of the Con			Outstanding Balance of Debi
ouse #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
l y		State	Zip	
scription of D	leht - 30 V		Code	
me of Credito				Outstanding Balance of Debt
ouse#	Street Address		DATE DEBT INCURRED	
		West of the second seco	[MM/DD/YYYY]	10.6 10.6 10.6
У		State	Zip	
scription of D	ebt		Gode	
me of Credito				
use#	<u> </u>			Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
		State	Zip	
Compare the Englishment in	187 × 189 194		Code	