

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Kevin Pastewka					
Street Address		722 E. Grandview Blvd.					
City	Erie	State	PA	Zip Code	16504		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3-9-21	5-10-21	
A. Amount Brought Forward From Last Report	\$	0.00	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 JUN - 7 PM 2:53 ERIE COUNTY VOTER REGISTRATION </p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	560.00	
C. Total Funds Available (Sum of Lines A and B)	\$	560.00	
D. Total Expenditures (From Schedule III)	\$	1,833.33	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-1,273.33	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	486.82	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.		Affidavit Section	
I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.			
Sworn to and subscribed before me this	day of	20	21
Signature		Signature of Person Submitting report	
My Commission expires		Printed Name	
MO. DAY YR.		KEVIN PASTEWKA	
October 18 2022		Area Code	
		825-5154	
		Daytime Telephone Number	

Part II- If this is a report of a Candidate's Authorized Committee , candidate shall 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		Signature of Candidate	
My Commission expires		Printed Name	
MO. DAY YR.		Area Code	
		Daytime Telephone Number	

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)	\$ 560.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	0.00
Total for the reporting period		(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period		(3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	560.00

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 Number										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City	State		Zip Code		Date [MM/DD/YYYY]		\$				

All Other Contributions

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number: _____

Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S	
City	State		Zip Code	Date [MM/DD/YYYY]	S	

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 Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

PART D

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 Number

Full Name of Contributor

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Employer Name

Occupation

Employer Mailing Address/
Principal Place of Business

Full Name of Contributor

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Employer Name

Occupation

Employer Mailing Address/
Principal Place of Business

Full Name of Contributor

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Employer Name

Occupation

Employer Mailing Address/
Principal Place of Business

Full Name of Contributor

Date (MM/DD/YYYY)

\$

House #

Street Address

Date (MM/DD/YYYY)

\$

City

State

Zip Code

Date (MM/DD/YYYY)

\$

Employer Name

Occupation

Employer Mailing Address/
Principal Place of Business

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 Number	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART B)

TOTAL for the reporting period	(2)	\$	67.82
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)

TOTAL for the reporting period	(3)	\$	414.00
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	481.82
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor:	Shannon Hokaj/Earthshine Co.				Date [MM/DD/YYYY]	05/06/2021	\$	67.82
House #	Street Address				Date [MM/DD/YYYY]		\$	
	118 Meadville St.							
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Description of Contribution		Gift Basket						

Full Name of Contributor:					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor:					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor:					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor:					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number _____

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Tim George					05/06/2021		414.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	2525 W. 26 th St.						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Erie	PA	16506					
Employer Name					Occupation		
Self					Attorney		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Same as above					Cost of Candidate Party		

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	26.49
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	1924 Keystone Dr.		Erie		PA	16509	Address labels	
To Whom Paid		Copy King				Date [MM/DD/YYYY]	\$	201.40
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	1162 W. 8 th St.		Erie		PA	16502	photo copies	
To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	107.03
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	2711 Elm St.		Erie		PA	16504	envelopes & printer ink	
To Whom Paid		Tri-County Letter				Date [MM/DD/YYYY]	\$	372.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	2904 Shannon Rd.		Erie		PA	16510	mailings	
To Whom Paid		DeSantis Signs Inc.				Date [MM/DD/YYYY]	\$	611.62
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	540 W. 18 th St.		Erie		PA	16502	Yard signs/post-its	
To Whom Paid		Zippity Print				Date [MM/DD/YYYY]	\$	282.99
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	1600 E. 23 rd St.		Cleveland		OH	44114	campaign flyers	
To Whom Paid		Look What Lisa Made				Date [MM/DD/YYYY]	\$	180.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	on-line				NJ		t-shirts	
To Whom Paid		Vista Print				Date [MM/DD/YYYY]	\$	51.80
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	on-line				NJ		CAR MAGNETS	

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.

Filer Identification Number:	
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Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

Name of Creditor:						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City		State	Zip Code				
Description of Debt:							

