

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>CASIMIR J. KWITOWSKI</i>						
STREET ADDRESS <i>4015 STANLEY AVE</i>						
CITY <i>ERIE</i>	STATE <i>PA</i>	ZIP CODE <i>16504-2405</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>CITY TREASURER</i>	DISTRICT NO.	PARTY	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			<i>5</i>	<i>21</i>	<i>19</i>
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 <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>12</i></td><td><i>31</i></td><td><i>18</i></td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>5</i></td><td><i>6</i></td><td><i>19</i></td></tr> </table>	MO.	DAY	YEAR	<i>12</i>	<i>31</i>	<i>18</i>	MO.	DAY	YEAR	<i>5</i>	<i>6</i>	<i>19</i>	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>(195.05)</i></u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>195.05</i></u>	FOR OFFICE USE ONLY 2019 MAY -9 PM 2:3 ERIE COUNTY VOTER REGISTRATION JF
MO.	DAY	YEAR												
<i>12</i>	<i>31</i>	<i>18</i>												
MO.	DAY	YEAR												
<i>5</i>	<i>6</i>	<i>19</i>												

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

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><i>9</i></u> DAY OF <u><i>May</i></u> 20 <u><i>19</i></u> <u><i>Theresa M. Omorski</i></u> SIGNATURE MY COMMISSION EXPIRES <u><i>10-26-2021</i></u> MO. DAY YR.	<u><i>Casimir J. Kwitowski</i></u> SIGNATURE OF PERSON SUBMITTING REPORT <u><i>CASIMIR J KWITOWSKI</i></u> PRINTED NAME <u><i>814</i></u> <u><i>825-7601</i></u> AREA CODE DAYTIME TELEPHONE NUMBER
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Commonwealth of Pennsylvania - Notary Seal
 THERESA M. OMORSKI - Notary Public
 Erie County
 My Commission Expires Oct 26, 2021
 Commission Number 1219660

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
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