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 CAN	NDIDATE COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, CAN			
CAS IMIR	TANKE AVE		
STREET ADDRESS			
<u> 70'/5 </u>	TANLEY AVE		
ERIF		STATE	16504 —
(CHECK ONE)	IAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PA	MO. DAY YEAR
6TH TUESDAY 1. PRE-PRIMARY	MO. DAY YEAR		FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD / / / 22	12 3/ 22	
30 DAY POST-PRIMARY	CASH BALANCE AT END	Cia cor	
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$ (195-05) TIES \$ 195-05	
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABIL! AT THE END OF REPORTING PERI	TIES \$ <u>195-05</u>	
30 DAY POST-ELECTION	AMENDMENT YES	NO V	STRATE PARTY
ANNUAL REPORT	TERMINATION YES	NO i	<u> </u>
	AFFI	DAVIT SECTION	
ÄRT1-			
statement is filed on	behalf of a Political Committee or C	andidates's Committe	ee, the Treasurer must sign here.
statement is filed on	behalf of a <u>Candidate</u> , the Candida behalf of a <u>Contributing Lobbyist</u> , the	te must sign here.	hora
	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR		
EXCEED TWO HUNDRED AND	FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO	O THE BEST OF MY KNOWLEDGE	AND BEIGHT, TRUE, CORRECT AND COMPLETE.
SWORN, TO AND SUBS	CRIBED BEFORE ME THIS		11/
DAY OF _	JANUARY 2023	SIGNATURE	OF PERSON SUBMITTING REPORT
Laurie	dulation	CASIMIR	J KNITONSKI
2 ancie	SIGNATURE		PRINTED NAME
MY COMMISSION EXP	RES = 2 - 2023	_819	<u> 825-7601</u>
<u> </u>	MO. DAY YR.	AREA CÓDE	DAYTIME TELEPHONE NUMBER
ART II -	,		
· · · · · · · · · · · · · · · · · · ·	behalf of a Candidate's Authorized		
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF 1333, No. 320) AS AMENDED.	THIS POLITICAL COMMITTEE HAS	NOT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBS	CRIBED BEFORE ME THIS		
DAY OF	20	SI	GNATURE OF CANDIDATE
	And the state of t		PRINTED NAME
MV COMMedian TV	SIGNATURE		
MY COMMISSION EXP	MO, DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal LAURIE A WATSON - Notary Public Erie County