

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)											
Filer Identification Number	(Mar	rt Filed By k X)	Candida	te		Comm	ittee		$\mathbf{X}$	Lobk	Dyist Control
Name of Filing Committee, Candid Lobbyist	IITEE TO ELEC	ECT KEVIN PASTEWKA									
Street Address	722 EA	ST GRANDVIE	W BOULEVA	RD							_
<b>City</b> ERIE	- Compared the		State	PA		Zip Co	de	16504			
Type of Report (Place x under repor	rt type)							•			
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-3 Pre-Primary Pre-Primary Prin	i0 Day Post 4-6 <sup>th</sup> T mary Pre-El		2 <sup>nd</sup> Friday e-Election	6- 30 E Electic	ay Post n	7-Ann	V CA	Specia Pre-Eli	l 2 <sup>no</sup> Frida ection	hit outstand Address, 11.	ial 30 Day -Election
	A second	AP 1 WAS ARREST TO SERVICE	Mark and the second sec								
Date Of Election (MM/DD/YYYY) 05	Year 5/20/2025	To the second se	2025	Amen Report				Termi Repor	nation t		
Expenditures	m Date	To Date	/100F	The second secon			For O	ffice U	se Only		
A. Amount Brought Forward From	01/01/2025 Last Report \$	05/05/			A CONTRACTOR AND A CONT				And the second s		I come I for I — 1 · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contributions at (From Schedule I)		2,500							8	2021	
C. Total Funds Available \$ 2,500.00		2025 MAY -8 VOTER REG									
D. Total Expenditures (From Schedule III)	Special organization and the state of community of the state of the st	137	.25								
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,36	2.75								
F. Value of In-Kind Contributions R (From Schedule II)	eceived \$	0.0	00								
G. Unpaid Debts and Obligations (From Schedule IV)	A state of the sta	2,50	0.00						2		· · · · · · · · · · · · · · · · · · ·
	7 1 1511		Affidavit Se		ian hara				-	<del></del>	
Part 1- If this is a <b>Committee</b> report, tre ! swear (or affirm) that this report, inclu	asurer sign nere. If the	nedules on pa	per, is to the	best of m	y kaowiec	ige and	elief tru	e, corre	ect and com	plete.	
Sworn to and subscribed before me this					<b>从</b>				<b>~</b> 、,	/	
08 day of May	<sub>20_</sub> <b>25</b>	1		_/	<u></u> ;	7/	1.6	<u>/</u>			
	20 <u>85</u>	<u> </u> -	<u>D</u>	AVID M. I	Signature PIANTA				port		
O Signature		, I	_	1.4		Printe	d Name				
My Commission expires HUA & 1, 500			14 392-0216  Area Code Daytime Telephone Number								
Part II- If this is a report of a Candidate	s Authorized Commi	t <b>tee,</b> candidat	te shall sign h	ere.							
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											
08 day of May	20 <u>25</u>	1			Sigi	nature of	Candida	ate	<del></del>		
Signature		Ϊ.	<u>.K</u>	EVIN E. PA	STEWKA	Printed I					
My Commission expires Aug 6	29, 2026	, <b>'</b>	_	14	4 825-5154						
MO. DA	My Commission expires MO. DAY YR. Area Code Daytime Telephone Number										

Commonwealth of Pennsylvania - Notary Seal Amy S. Gollmer, Notary Public Erie County My commission expires August 29, 2026 Commission number 1423860

#### SCHEDULE 1

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		•	
ANALYS CONTRACTOR OF THE STATE	COMMITTEE TO ELECT KEVIN PASTEWKA		
Application of the second seco		 	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
		0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	AUGUSTAN	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
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)	\$	
All Other Contributions (Part D)	\$	
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)	\$	2,500.00
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)		2,500.00

#### 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

Full Name of Contributing Committee    Date [MM/DD/YYYY]   S	
Committee   Date [MM/DD/YYYY]   S	
House # Street Address Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00  House # Street Address Date [MM/DD/YYYY] \$ 0.00  City State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00	
City State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00  City Date [MM/DD/YYYY] \$ 0.00  City Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Date [MM/DD/YYYY] \$ 0.00	
City   State   Zip Code   Date [MM/DD/YYYY]   S   0.00    Full Name of Contributing   Date [MM/DD/YYYY]   S    Committee   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    City   Date [MM/DD/YYYY]   S    City   Date [MM/DD/YYYY]   S    City   Date [MM/DD/YYYY]   S    Committee	
Full Name of Contributing Committee  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	
Full Name of Contributing Committee  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	
Committee  House # Street Address  City  State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	
House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	
City.  State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	_
City.  State Zip Code Date [MM/DD/YYYY] \$ 0.00  Full Name of Contributing Committee	
Full Name of Contributing  Committee  Date [MM/DD/YYYY] S	
Full Name of Contributing  Committee	
Committee	
Committee	
House # Street Address Date [MM/DD/YYYY] - S	_
	_
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing \$	
Committee	
House # Street Address Date [MM/DD/YYYY] 5	
City Date [MM/DD/YYYY] S 0.00	
The control of the co	
Full Name of Contributing S	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City   State   Zip Code   Date [MM/DD/YYYYY]   \$ 0.00	
The state of the s	
Full Name of Contributing \$	_
Committee Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City Date [MM/DD/YYYY] \$	
0.00	

#### 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 Identification Number:	COMMITTEE TO ELECT KEVIN PASTEWKA	 
	CONTRICTED TO ELECT KEVINY PASTEWRA	 

Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
House # Street Address				
City.	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributor		(manufacion del manufacion del manuf	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributor	( ) for the second		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City -	State:	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	-Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity.	State	. Zip Code	Date [MM/DD/YYYY] \$	0.00

#### 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:	COMMITTEE TO ELECT KEVIN PASTEV	VKA		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	TYPE TENTE TO THE TENTE
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	TELEVISION OF THE PROPERTY OF
	eet Address		Date [MM/DD/YYYY] \$	TO THE PERSON NAMED IN THE
City	State	Zip Code	Date [MM/DD/YYYYY] \$	0.00
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee	eet Address	<u> </u>	Date [MM/DD/YYYY) 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	Dieta de la constanta de la co
Full Name of			Date [MM/DD/YYYY] \$	0.00 
Contributing Committee			Date [MM/DD/YYYY] \$	
	eet Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Str	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Str	eet Address	<u> </u>	_Date [MM/DD/YYYY] \$	
CHI	States	Zip Code	Date [MM/DD/YYYY] \$	<b>X</b>

Zip Code

0.00

State

#### 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:			
	COMMITTEE TO ELECT KEVIN PASTEWKA		

<u> </u>			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] = \$
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0.00
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] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$ 0.00
Employer Name		The second secon	Occupation
Employer Mailing Address / Principal Place of Business	· · · · · · · · · · · · · · · · · · ·		
			Date [MM/DD/YYYY] \$
Full Name of Contributor			
House # Street Address			Date [MM/DD/YYYY] \$
City .	State	Zip Code	Date [MM/DD/YYYY] \$ 0.00
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] 5 0.00
Employer Name	\$200-1-2000 Management	The state of the s	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 Numb	er: COMMITTEE TO ELECT KEVIN PASTEWKA
Full Name	KEVIN PASTEWKA
	Street Address 722 EAST GRANDVIEW BOULEVARD
City	ERIE State PA Code 1 16504 Date [MM/DD/YYYY] \$ 2,500.00
Receipt Description	LOAN FROM CANDIDATE
Full Name	
House#	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City (1)	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	Polyments Control Cont
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City (1)	State Zip Date [MM/DD/YYYY] \$ Code
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:	E TO ELECT KEVIN PASTEW	/KA	
1. UNITEMIZED IN-KIND CONTRIBU	JTIONS RECEIVED-VALU	E OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ (	0.00
2. IN-KIND CONTRIBUTIONS RECEI	VEDAVA HEIGEGA OLI	.O. \$3.50.00 (EB	COM DART C)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>等等的效</b>	. 5250.00 (ii)	OW ANTI-
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION RECEIV	/ED-VALUE OVER \$250.0	IO (FROM PAR	T(G)'s (1)
	(3)	T's	
TOTAL for the reporting period	(3)	, , , , , , , , , , , , , , , , , , ,	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	m boxes 1, 2, and 3; also	o enter	0.00

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
##Friesidentingariorsvanidents	
Filer identification Number:	
COMMITTEE TO ELECT KEVIN PASTEWKA	
CONNITTEE TO ELECT REVIN PASTEWRA	

Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$ 0.00
	0.00
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] \$: 0.00
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] \$ 0.00
Description of Contribution	
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	D. A. SKARA (D. P. VVVVVI)
City State Zip Code	Date [MM/DD/YYYY] \$ 0.00
Description of Contribution	
	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date limit politititi
House # Street Address	Date [MM/DD/YYYY] \$
SI CCI MUUI SS	The state of the s
City State Zip Code.	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$ 0.00
Description of Contribution	

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:			
	COMMITTEE TO ELECT KEVIN PASTEWKA		
	CIAMADILLE IO FFFCI KFAULL WOLFANG		
2 - A			

Full Name of Contributor:	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] : \$
	0.00
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	AND THE RESERVE OF THE PARTY OF
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
	0.00
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of .
	Contribution
The state of the s	
Eull Name of Contributor	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
Full Name of Contributor	
Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 0.00
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 0.00  Occupation Description
House # Street Address  City State Zip Code  Employer Name	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 0.00
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business	Date [MM/DD/YYYY] \$ Date: [MM/DD/YYYY] \$ 0.00  Occupation  Description: of Contribution
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 0.00  Occupation Description of
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  0.00  Occupation Description of Contribution Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business	Date [MM/DD/YYYY] \$ Date: [MM/DD/YYYY] \$ 0.00  Occupation  Description: of Contribution
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  0.00  Occupation Description of Contribution Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  0.00  Occupation Description of Contribution Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  0.00  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY] \$ 0.00  Occupation Description of Contribution Date [MM/DD/YYYY] \$   Date [MM/DD/YYYY] \$   Date [MM/DD/YYYY] \$   0.00
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  0.00  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Street Address  City State Zip Code	Date [MM/DD/YYYY] \$ 0.00  Occupation of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$   Date [MM/DD/YYYY] \$  0.00
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code  Employer Name  Employer Name  Employer Name  Employer Name	Date [MM/DD/YYYY] \$ 0.00  Occupation 5 0.00  Description 6 Contribution  Date [MM/DD/YYYY] \$ 0.00  Date [MM/DD/YYYY] \$ 0.00  Occupation 5 0.00  Occupation 6 0.00
House # Street Address  City State Zip Code  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code  Employer Name  Street Address  Employer Name	Date [MM/DD/YYYY] \$ 0.00  Occupation of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$   Date [MM/DD/YYYY] \$  0.00

# Statement of Expenditures

COMMITTEE TO ELECT KEVIN PASTEWKA

To Whom Paid					Date [MM/DD/YYYY]	\$	
ERIE COUNTY COURTHOUSE			02/28/25 .		10.00		
House # 140	Street Address 140 WEST 6TH	STREET			Description of Expendi	iture	
<b>City</b> ERIE	State	PA	Zip Code	16501	FILING FEE		
To Whom Raid	NORTHWEST BANK	· ·			Date [MM/DD/YYYY] 04/25/25	\$	27.25
House # 121	Street Address 121 WEST 26T	H STREET			Description of Expendi	ture	
City ERIE	State	PA	Zip Code	16508	DELUXE CHECKS	20171000	
To Whom Paid	ARIANA HALAL KITCHEN				Date [MM/DD/YYYY] 04/23/25	\$	100.00
House # 1315	Street Address 1315 PARADE	STREET			Description of Expendi	ture	
City/ ERIE	State	PA	Zip Code	16503	NEW AMERICAN FORUM D	_	}
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City	State		Zip Code				
To Whom Paid					-Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City	State		Zip Code				
To Whom Paid					Date [MIM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City	State		Zip Code			W. Parent	
To Whom Paid					Date [MM/DD/YYYY]		
House#	Street Address				Description of Expendi	ture	
City	State		Zip Code				
To Whom Pald					Date [MM/DD/YYYY]	\$	
House #	Street-Address				Description of Expendi	iture	
City	State		Zip Code				

#### 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.

		100		
Filer Identification Number:				
	OMMITTEE TO ELECT KEVIN	PASTEWKA		
	OMMITTEE TO ELECT KEVIN			
7				

Name of Creditor	KEVIN PASTEWKA	Outstanding Balance of Debt
House # Stre	et Address 722 EAST GRANDVIEW BOULEVARD 04/25/25	• \$   
City	ERIE State PA Code 16504	2,500.00
Description of Debt	LOAN FROM CANDIDATE	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Gode	
Description of Debt.	Tamanana Amerika	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY]	
City : 3	State Zip Code	
Description of Debt		[ Addition ]
Name of Creditor		Outstanding Balance of Debt
House# Stre	et Address — DATE DEBT INCURRED — [MM/DD/YYYY]	: <b>5</b>
City 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State Zip Code	
Description of Debt.	The deficiency of the second s	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt	The state of the s	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City /	State Zip.	
Description of Debt		(CONT.)