

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

(Note: This report must be clear and legible, it should be typed)						
Filer Identification Number	Report Filed By ( Mark X)	Candidate		Committee	The state of the s	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	I VCVINI E DACTEMUA					
Street Address	722 EAST GRANDV	TEW BOULEVARD				
City The Control of t		<b>State</b> PA		Zip Code 16	5504	
Type of Report (Place x under report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary	The state of the s	The state of the s	30 Day Post ction	and without the said water to the contract of	pecial 2 <sup>nd</sup> Friday e-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/20/2025	Year	10.00,40	endment port	7.54. W.	ermination eport	
Summary of Receipts and From Date	To Date			For Offi	ce Use Only	
Expenditures 01/01/2025	1 1	5/2025				
A. Amount Brought Forward From Last Repo	\$ 0	0.00			<	20
B. Total Monetary Contributions and Receipt (From Schedule I)	0.	.00				2025 HAY
C. Total Funds Available (Sum of Lines A and B)	\$ 0	.00			25	7
D. Total Expenditures (From Schedule III)	\$ 2,50	00.00				
E. Ending Cash Balance	\$ (2,500.00)				PM	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	S	0.00			REGISTRATION	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0	0.00				
		Affidavit Section				
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the att	nere. If this is a <b>Candi</b> e ached schedules on pa	date report, candid aper, is to the best	ate sign here. of my knowledg	e and belief true,	correct and complet	te.
Sworn to and subscribed before me this			1/			
08 day of May 20 20	- '		Signature o	f Person Submittin	ng report	<del></del>
Any D. Dollar	<u> </u>	KEVIN	E. PASTEWKA	Printed Name	·	_
My Commission expires Aug 29, 20	<del>5</del> 2 . ,	814		825-515	4	
MO. DAY YE		Area	ode	Daytimo	e Telephone Numbe	er
Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , 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						
08 day of may 20 25	- '1		Cign	ature of Candidate		_
Any D. Nollman		KEVIN	E. PASTEWKA	Printed Name		
My Commission expires Aug 29, 2	7 <b>5</b> 2	814 Area		825-5154 Daytime	Telephone Number	
IVIO. JUAN TR.		74.60	<del>-</del>	,		

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

#### **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)	\$ and the state of t
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ No. of the control of
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	TTO S	
Contributions Received from Political Committees (Part C)		\$ The second secon
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ and medical manager of the property of the configuration (Albert C. Transplante, 1980) Sci. 1985 (T. S. Merry The configuration of the
Total Monetary Contributions and Receipts during this reporting period (Add and		\$ ·

Cover Page, Item B)

#### 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

持续性的時	Established the second				
THE STREET STREET	neneutice signature (en en e			Amount	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	_
House #	Street Address			Date [MM/DD/YYYY] is	
City		State	Zip Code	Date [MM/DD/YYYY] S	
	·			**************************************	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYYY] \$	
House #	Street Address	,		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing		The first state of the state of	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	(St.) (TOPEN P.) A CHEMIN LOSSY	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	271	State	Zip Code	Date [MM/DD/YYYY] \$	***
Full Name of Cor Committee	ntributing	<u> </u>	President	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Rom Carlonia vascula	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The same of the sa	State	Zip Code	Date [MM/DD/YYYY] \$	•

# 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.)

Fileridentification Number:

		·		
Full Name of Contributor			Date:[MM/DD/YYYY] \$	
		·		
House# Street:Addr	255 253 253		Date [MM/DD/XYYM] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	· 海路工具建筑 (1984)	[在大学教育教育學系》(2.24年2014年	Date [MM/DD/YYW]	
House # Street Addre	PCC		Date [MM/DD/YYYY] \$	
(Gity)	State	Zip Gode	Date(MM/DD/YYYY) S	
FulliName of Contributor.			Date [MM/DD//YYY] \$	
House # Street Addre		Fare compression (Market)	Date [MM/DD/YYYY]	
City	State	Zip Gode	Date [MM/DD/MMM] \$	
Full Name of Contributor			Date [MM/DD/MYY) \$	
House # . Street Addre			Date [MM/DD/XYYY]	
(Gity)	State	Zip Code	Date [MM/DD/YYYY] 55	
Full Name of Contributor			Date [MM/DD/YYYY] 3.5	
House# Street Addre			Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/XYYY]: "5):	
FUII Name of Contributor		"	Date [MM/DD/XXXX] \$	
House # Street Addre			Date [MM/DD/YYYY]	
City,	State	Zip Gode	Date [MM/DD/xyyy]	

### 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 4				NI-GYA-Um)
Contributing Committee			Date [MM/DD/33331]	
House# Street Address			Date [MM/DD/XYYY]	\$
Gity.	State	Zip Gode	Date [MM/DD/yyyy]	IS.
Full Name of Contributing Committee			Date [MM/DD/XXYY]	\$ <b>5</b>
House# Street Address			Date [MM/DD/YYYY]	
(Gity)	State	Zip Code	CARTILLE THE SECTION OF SECTION SECTIO	
Full Name of Contributing Committee			Date [MM/DD/11111]	•
House# Street Address	-		Date MM/DD/YYYY]	55
Gity.	State	Zip Code	The state of the s	S
Full Name of Contributing Committee			Date [MM/DD/YYYY)	<b>\$</b>
House # Street Address			Date MM/DD/XXXX	5.
(Gity)	State	Zíp Code		S
FullName of Contributing Committee!			Date [MM/DD/YYYY]	es :
House # Street Address				\$
(Gity	State	Zip Code	Date [MM/DD/YYYY]	
Eull Name of a Contributing Committee a			A STATE OF THE STA	<b>15</b>
House # Street Address				\$ .
(City	State	Zip Gode	Date [MM/DD/YYYX]	***

# 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 BATE OF CHARLES  State State Descrimm/po/vvvvi State Descrimm/po/vvvi State Des				
Employer Name  Employer Name  Employer Maining Address  Poncipal Place of Results  Employer Maining Address  Poncipal Place of Results  Employer Maining Address  Poncipal Place of Results  Employer Name  Employer Maining Address  Employer Maining Address  Employer Maining Address  Street Address  Employer Maining Address  Street Address  Date (MM/DD/YYYY)  Street Address  Chapter Maining Address  Chapter Maining Address  Chapter Maining Address  Date (MM/DD/YYYY)  Street Address  Chapter Maining Address  Street Address  Chapter Maining Address  Chapter	Full(Name of Contributor			Date IMM/DD/YYYYI
Employer Mailing addres // Employer Mailing addres // Employer Mailing addres // Employer Mailing address  House # Street Address  Date (MM/DD/YYYY) \$ 5  Employer Mailing Address  Employer Mailing Address  Full Name of Contributor  State				
Employer Mailine Address  Edit Name of Contributor  Financial Place of Business  Edit Name of Contributor  Employer Name  Employer Mailine Address  Financial Place of Business  For example of Contributor  Employer Mailine Address  Street Address  Fall Name of Contributor  Employer Mailine Address  Street Address  Fall Name of Contributor  Employer Mailine Address  Street Address  Fall Name of Contributor  Employer Mailine Address  Street Address  Fall Name of Contributor  Employer Mailine Address  Street Address  Fall Name of Contributor  Employer Mailine Address  Fall Name of Contri		State	Zip Gode	330050
Fill Name of Contributor  Fill Name of Contr			•	Occupation
House   Street Address   Date [MM/DD/YYY]   S	Principal Place of Business			Law communes, Inglish Captur Sales Sales Sales Sales Annual (Captur Sales Annual Sa
City State				
Employer Name  Employer Mailing Address Principal Place of Business (  Full Name of Contributor  City  State:  Zip Code:  Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  City Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  City Date IMM/DD/YYYY]  State:  City Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  Date IMM/DD/YYYY]  State:  City Date IMM/DD/YYYY]  State:  City Date IMM/DD/YYYYI  State:  Date IMM/	House # Street Address			Date [MM/DD/YYYY] \$\$
Employer Mailing Address / Brieft Address   Date (MM/DD/YYYY)   S    Lifouse # Street Address   Date (MM/DD/YYYY)   S    Employer Mailing Address / Date (MM/DD/YYYY)   S    Employer Mailing Address / Date (MM/DD/YYYY)   S    Employer Mailing Address / Principal Place of Business    Full Name of Contributor   Date (MM/DD/YYYY)   S    Ifouse # Street Address    City   State   ZipCode   Date (MM/DD/YYYY)   S    Employer Mailing Address / Date (MM/DD/YYYY)   S    Employer Mailing Address   Date (MM/DD/YYYY)   S    Employer Mailing Addre		State	Zip Code	distinct and the state of the s
Employer Name				Occupation
Bouse   Street Address   Date   IMM/DD/YYYY    S	Principal Place of Business			
City State Zip Code Date [MM/DD/YYYY] S  Employer Name Occupation  Full Name of Contributor Date [MM/DD/YYYY] S  House # Street Address  City State Zip Code Date [MM/DD/YYYY] S  Employer Name				
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY]  S  City  State  Zip'Code  Date [MM/DD/YYYY]  S  Employer Name  Occupation				See a second sec
Employer Mailing Address / Principal Place of Business   Full Name of Contributor   Date [MM/DD/WYY]   \$		State	Zip Code	
Principal Place of Business				Occupation.
House'# Street Address Date [MM/DD/YYYY] S  City State Zip'Code Date [MM/DD/YYYY] S  Employer Name Occupation				
City State Zip Code Date [MM/DD/YYYY] S Employer Name Occupation				
Employer:Name				
			Zip Code	
Employer Mailing Address // Principal Place of Business	Employer:Mailing Address /	· · · · · · · · · · · · · · · · · · ·		Occupation .

#### **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.

Eller Identification Number

	ž V			
Full/Name			-	
	eet Address			
Chy Chy	T The state of the	State	18.715 TEMPS   1	Date [MM/DD/YYYY] \$
		State:	Zip Code	Date [MM/DD/YYYY]
Receipt Description	V.		中華電話と名称を発表	
Rull Name	No.	•		
House# Str	eet Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] 35
Receipt Description	A CONTRACTOR OF THE CONTRACTOR		Code	Date [MM/DD/YYYY] \$
	The second secon			
Full Name	Acceptage 2			
	eet Address			
City	And the state of t	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	eet Address			
IGity		State	Zip	-Date:[MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] S
Receipt Description			,	
Full Name:				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] : \$
Receipt Description				
Füll Näme				
	et Address			
House # Stre		State	Zip.	Date (MM/DD/YYYY)
		State	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:					
1: UNITEMIZED IN KIND CONTRIB	UTIONS RECEIVED VA	NUE OF \$50.00 OR LESS	PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$			
2: IN-KIND CONTRIBUTIONS/RECE	IVED-VALUE OF \$50:0	11TO \$250,00 (FROM P	ARTE)		
TOTAL for the reporting period	(2)	\$			
3 IN-KIND CONTRIBUTION RECEI	VED:VALUE OVER \$25	0:00 (FROM PART G) 》 ····································			
TOTAL for the reporting period	(3)	\$			
				·	 <b>_</b> _
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro		'			1
on Page 1, Report Cover Page, Item F)					1
					البيير

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer (dentification Number:>		
Full*Name of Contributor .	<b></b>	Date [MM/DD/YYYY]

Comments and Comments of the C	. <del></del>		Tentamental programme and the second second	
Full Name of Contributor.			Date [MM/DD/\\\\]	
House # Stree	et Address		Date [MM/DD/YYYY] \$	<del> </del>
Gity.	State	Zip Code	Date [MM/DD/YYYY] S.	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				l
House # Stree	et Address		Date [MM/DD/YYYY] S	<u> </u>
		<u></u>		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor		!	Date [MM/DD/W/Y] \$	
	ı	<b>!</b>		
House # Stree	et Address	-	Date [MM/DD/YYYY] \$	
		!		
Gity	State	Zip Code	Date [MM/DD/\\\\)	
				1
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] 5	
	<u></u> _			
House # Stree	et Address		Date [MM/DD/YYYY] S	
Gity	State	Zip Code	Date [MM/DD/YYYY] S	
	FRANCIS PROPERTY OF THE PROPER			
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Stree	et Address		Date [MM/DD/YYYY] S	
Čity .	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/WYY] \$
House # Street Address			Date [MM/DD/YYY] \$
Gity.	State.	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Acres channels Associate to the mean of	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] IS
Gity.	State	Zip Gode	Date: MM/DD/YYYY  3 S
Employer/Name	A DATE OF STATE OF STATE OF	- review constitution (Constitution)	Occupation :
Employer Mailing Address / Principal Place of Business			Description: of a second secon
Full Name of Contributor.			*Date [MM/DD/YYYY] = \$5
House # Street Address			3Date [MM/DD/XYYY] \$
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] 25
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

# SCHEDULE III Statement of Expenditures

	 <del>_</del>
rite) identification (voluber.	
KEVIN E. PASTEWKA	

To Whom Paid	COMMUTTEE TO E	ECT VEVINI DASTEMINA		Date [MM/DD/YYYY] \$ 2,500.00
		ECT KEVIN PASTEWKA		04/25/25
House # 722	Street Address	722 EAST GRANDVIEW		Description of Expenditure
<b>Gity</b> ERIE		State PA	<b>Zip</b> 16504	LOAN TO COMMITTEE
To Whom Paid				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		State	Zip Code	
To Whom Pald				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		State	Zip Code	
To Whom Paid				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.		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY]  \$
House #	Street Address			Description of Expenditure
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.

Filer Identification Number:				
Name of Creditor	S. A. C.			Outstanding Balance of Debt
House.#	eet-Address		TE DEBT INCURRED [MM/DD/YYYY]	( <b>5</b> )
City  Description of Debt		State	Zip Code	
Name of Creditor			TE/DEBT INCURRED	Outstanding Balance of Debt
Gity.	eet Address		[MM/DD/YYYY]	7
Description of Debt.	TO THE STATE OF TH		Code :	
Name of Creditor /				Outstanding Balance of Debt
	eet Address		FE DEBT INCURRED [MM/DD/YYYY]	35
Gity Description of Debt	10 00 00 00 00 00 00 00 00 00 00 00 00 0	State	Zip: Code	
Name of Greditor	Company of the Compan			Outstanding Balance of Debt
	eet Address		TEIDEBT INCURRED [MM/DD/YYYY]	8\$
Gity Description of Debt		State	Zip Code	
Name of Creditor.	A Company of the Comp			Outstanding Balance of Debt
House # Stre	eet Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		TE DEBT INCURRED	\$\$.
City  Description of Debt	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	