



Reset Form

Print Form

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)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	KEVIN E. PASTEWKA				
Street Address	722 EAST GRANDVIEW BOULEVARD				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	0.00	2025 MAY - 8 PM 4:19 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	2,500.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(2,500.00)	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

08 day of May 20 25
Amy S. Gollmer
SignatureMy Commission expires Aug 29, 2025
MO. DAY YR.Signature of Person Submitting report
KEVIN E. PASTEWKA
Printed Name814 825-5154
Area Code Daytime Telephone NumberPart 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

08 day of May 20 25
Amy S. Gollmer
SignatureMy Commission expires Aug 29, 2025
MO. DAY YR.Signature of Candidate
KEVIN E. PASTEWKA
Printed Name814 825-5154
Area Code Daytime Telephone NumberCommonwealth 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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
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)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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>		\$

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

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:									
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	
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:	
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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]	\$	

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	
-----------------------------	--

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	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

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

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

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)		\$	
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	KEVIN E. PASTEWKA
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To Whom Paid		COMMITTEE TO ELECT KEVIN PASTEWKA			Date [MM/DD/YYYY]	\$	2,500.00
House #	722	Street Address	722 EAST GRANDVIEW BOULEVARD		Description of Expenditure		
City	ERIE	State	PA	Zip Code	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 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			

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.

File 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							