#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20061	195				Repo			CA	NDII	DATE		СОМ	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	bbyis	st:	F	PASH	IINS	SKI, I	DDI	E DA	Y CON	и то	ELECT						
Street Address:	259 E I	NORTHA	AMPTON	l ST																
City:	WILKES	S-BARRI	E						State:			PA		<b>Zip Code:</b> 18702-0000						
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR						30 DA PRIMA					AMENDM REPORT?	Yes	Ν	lo	<b>\</b>				
(place X to the right of	6TH TUESDA PRE-ELECTI		4. 2ND FRIDAY PRE- 5. 30 DAY ELECTION					Р	POST- 6.			TERMINA REPORT?	Yes	١	lo	<b>\</b>				
report type)	ANNUAL R	EPORT	7. <b>X</b>	Year	2014		FILING METHO ( ) CHECK ON							PAPER		<b>√</b>	DISK	ETTE		
Name of Office S	ought by C	andidate	e:				•			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	e Coui	
REPRESENTATI	VE IN THE	GENIED	AI ACCI	EMRI	V					МО		DAY	Y	EAR	121	STH	DEN	1	40	
								11		4	2014		(SEE INS	TRUCTI	ONS FO	R CODES	5)			
Summary of Expenditures		and	МО	DA		YEAR		_	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	<b>7</b>	
-				1	25	20	014	T	1		12		31	2014						
A. Amount Bro									\$				36,	369.92						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$			0.00										
C. Total Funds Available (Sum Of Lines A and B)							\$					369.92								
D. Total Expenditures (From Schedule III)							\$					559.29								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				35,	810.63								
F. Value Of In-							e II)		\$					0.00		,				
G. Unpaid Debt	s And Oblig	jations (	(From S	chedu	ıle IV	)			\$				8,	432.90						_
						AFF]	IDA	VI٦	ΓSE	CTIC	NC									
PART I - If this is I swear (or affirm)		-	-		_									_		F my knou	dodao	and be	liof to	
correct and comple		ort, inclu	iding the	attaci	ieu scr	ledules	niea	on p	рарег	ог ву е	electr	ronic m	earun	i, are to t	ne best o	г ту кноч	neage	anu be	iler , tr	ue
Sworn to and subs	cribed before day of	me this		20										Signature	of Perso	1 Submitt	ing Rep	ort		
		Signatur	e	-					-						Prin	ted Name				
My Commission Ex	pires								_						Emai	il				
	МС	)	DA	λY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\Box$
Part II- If this is	a report of	f a candi	idate's	autho	rized	Comm	ittee	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge ar	nd belie	ef this	politic	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		me this		2.5										s	ignature o	of Candida	te			-
	day of — —			20 -					•						Printe	d Name				-
	Sig	nature							-		-									_
My Commission Exp	ires														Emai	il				
		мо	D#	ΑY		YR						Area	Code		Da	ytime Te	lephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PASHINSKI, EDDIE DAY COM TO ELECT	From:	11/25/201	<u>4</u> To:	12/31/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	(2)	\$	0.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting				
		From:			То	:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**\$ 0.00

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or	Candidate	Rep	Reporting Period						
				m:		<b>o</b> :			
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**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 from Over \$250.00 in the reporting period.

ame of Filing Committee or Candidate Repo			Reporting	Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

lame of Filing Committee or Candidate			Reporting Period						
			Fron	n:		Го:			
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL	
							\$	0.00	

## 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.

Name of Filing Committee or	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE		АМ	OUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (	Plus 4)						
Receipt Description	1	<b> </b>			1	1			
Enter Grand Total of Part E	on Schedule I. Detailed	l Summary Page	Section	4			PAG	GE TOTAL	
Grand I old of Full E	on January 1, Detailed	- January 1 age,	2001011	••			\$	0.00	

#### **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

Name of Filing Committee or Candidate	Reporting Peri	od							
PASHINSKI, EDDIE DAY COM TO ELECT	From:	<u>11/25/2014</u> <b>To:</b>	<u>12/31/2014</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period					
	Fr					То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period						
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•		Occupation					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00			

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
PASHINSKI, EDDIE DAY COM 1	O ELECT		From	11/2	То:	12/31/2014	
		•		DATE			AMOUNT
<b>To Whom Paid</b> Eddie Day Pashinski			мо	DAY	YEAR		
Mailing Address 259 E Northampton St				25	2014	\$	259.29
City Wilkes Barre	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18702	Description of Expenditure  Ck #843 - Reimbursement July 4th Parade				
To Whom Paid Cassandra Coleman & Associate	es LLC		МО	DAY	YEAR		
Mailing Address 1109 Chicor	y Ct		12	1	2014	\$	300.00
City Exeter	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18643	Description of Expenditure  Ck #844 - Political Consulting Fee				
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item I	).				PAGE TOTAL

559.29

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reportii	ng Period				
PASHINSKI, EDDIE DAY COM TO ELECT			From:	<u>11</u>	./25/2014	To:		12/31/2014
					DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	VEAD		
Eddie Day Pashinski				МО	DAY	YEAR		
Mailing Address 259 E Northampton	n St			12	31	2014	-     \$	3,650.80
City Wilkes Barre	State	Zip Code (Plu	us 4)	Descrip	tion of Del	ot	•	
	PA	18702		Loan (0	Original Loa	an Date	05/:	16/2006)
				•	DATE			Outstanding Balance of Debt
Name of Creditor Eddie Day Pashinski					DAY	YEAR		
Mailing Address 259 E Northampton St					31	2014	-     \$	1,645.99
City Wilkes Barre State Zip Code (Plus 4)					tion of Del	ot		
PA 18702				Loan (0	Original Loa	an Date	11/0	07/2006)
		l			DATE			Outstanding Balance of Debt
Name of Creditor Eddie Day Pashinski				мо	DAY	YEAR		
Mailing Address 259 E Northampton	n St			12	31	2014	-     \$	500.00
City Wilkes Barre	State	Zip Code (Plu	us 4)	Descrip	tion of Del	ot		
	PA	18702		Loan (0	Original Loa	an Date	03/	14/2007)
					DATE			Outstanding Balance of Debt
Name of Creditor Eddie Day Pashinski				мо	DAY	YEAR		
Mailing Address 259 E Northampton St				12	31	2014	-     \$	2,636.11
City Wilkes Barre	State	Zip Code (Plu	us 4)	Descrip	tion of Del	ot .		
PA 18702			· ·			tel -	Event 04/19/2007	
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item			G.			\$	8,432.90	