

Campaign Finance Report

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

| | | | | | | | | | | | | |
|---|--------------------------|---------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| Filer Identification Number : | | 2006195 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: PASHINSKI, EDDIE DAY COM TO ELECT | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | |
| City: WILKES-BARRE | | | | | | State: PA | | | Zip Code: 18702-0000 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2015 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | DEM 40 | | | |
| | | | | | | 11 | 3 | 2015 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | | | |
| | | | | 6 | 9 | 2015 | TO | 9 | 14 | 2015 | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 51,502.10 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 7,395.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 58,897.10 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 1,262.50 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 57,634.60 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 0.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 10,032.90 | | | | | | |

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

Part 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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| PASHINSKI, EDDIE DAY COM TO ELECT | From: <u>6/9/2015</u> To: <u>9/14/2015</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 840.00 |

| | |
|--|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 795.00 |
| All Other Contributions (Part B) | \$ 1,040.00 |
| TOTAL for the Reporting Period (2) | \$ 1,835.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 2,220.00 |
| All Other Contributions (Part D) | \$ 2,500.00 |
| TOTAL for the Reporting Period (3) | \$ 4,720.00 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.00 |

| | |
|---|-------------|
| 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 Page1, Report Cover Page, Item B.) | \$ 7,395.00 |
|---|-------------|

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.**

| | | | | | | | |
|---|--|--|--|---|--|---------------|--|
| Name of Filing Committee or Candidate PASHINSKI, EDDIE DAY COM TO ELECT | | | | Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u> | | | |
| | | | | DATE | | AMOUNT | |

| | | | | | | |
|---|--------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PA CEMETERY FUNERAL ASSOC PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 6 | 9 | 2015 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045-0000 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PENN HY-PAC (PA DENTAL HYGIENISTS) | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 6 | 9 | 2015 | |
| City DOUGLASVILLE | State PA | Zip Code (Plus 4) 19518 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee SCHOOL NURSE PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 6 | 9 | 2015 | |
| City OAKDALE | State PA | Zip Code (Plus 4) 15071 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PREA ACRE Account | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 6 | 9 | 2015 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Wilkes-Barre Twp Democratic Org | | | MO | DAY | YEAR | \$ 245.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Wilkes-Barre | State PA | Zip Code (Plus 4) 18702 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee DISTRICT COUNCIL 21 PAC | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19154 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 795.00 |

PART B

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 PASHINSKI, EDDIE DAY COM TO ELECT | | | | Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u> | | | |
| | | | | DATE | | AMOUNT | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor Eugene A Bartoli | | | MO | DAY | YEAR | \$ 70.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Laflin | State PA | Zip Code (Plus 4) 18702 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor David P & Eleanor Guzofsky | | | MO | DAY | YEAR | \$ 70.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Nanticoke | State PA | Zip Code (Plus 4) 18634 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor Y Judd & Susan W Shoval | | | MO | DAY | YEAR | \$ 70.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18701 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor David P Hourigan | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Mountaintop | State PA | Zip Code (Plus 4) 18707 | | | | |

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|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Edward Biniek Sr | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Plains | State PA | Zip Code (Plus 4) 18705 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Mariellen Scott | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Nanticoke | State PA | Zip Code (Plus 4) 18634 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Karen L Evan | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Nanticoke | State PA | Zip Code (Plus 4) 18634 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Dolores & Ronald Lukashefski | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Shickshinny | State PA | Zip Code (Plus 4) 18655 | | | | |
| Full Name of Contributor Matilda H Weigand | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18702 | | | | |
| Full Name of Contributor Frank & Doris Nowakowski | | | MO | DAY | YEAR | \$ 105.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Nanticoke | State PA | Zip Code (Plus 4) 18634 | | | | |
| Full Name of Contributor Murray & Margery Ann Ufberg | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address | | | 9 | 8 | 2015 | |
| City Upper Gwynedd | State PA | Zip Code (Plus 4) 19446 | | | | |

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

PAGE TOTAL

\$ 1,040.00

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.

| | |
|---|---|
| Name of Filing Committee or Candidate PASHINSKI, EDDIE DAY COM TO ELECT | Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u> |
|---|---|

| | | | | DATE | | AMOUNT | |
|--|--|----------|-----------------------------|------|-----|--------|-----------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 360.00 |
| PSEA PACE | | | | 6 | 15 | 2015 | |
| Mailing Address | | | | | | | |
| City Harrisburg | | State PA | Zip Code (Plus 4) 17105 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 460.00 |
| Carpenters Legislative Program of Greater PA | | | | 6 | 15 | 2015 | |
| Mailing Address | | | | | | | |
| City Pittsburgh | | State PA | Zip Code (Plus 4) 15205 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| LAWPAC (PA ASSOC. FOR JUSTICE) | | | | 6 | 22 | 2015 | |
| Mailing Address | | | | | | | |
| City Harrisburg | | State PA | Zip Code (Plus 4) 17102 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 300.00 |
| AFSCME Council 13 Political & Legislative | | | | 9 | 8 | 2015 | |
| Mailing Address | | | | | | | |
| City Harrisburg | | State PA | Zip Code (Plus 4) 17111 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 300.00 |
| PASNAP - PA ASSN STAFF NURSES/ALLIED PROFS | | | | 9 | 8 | 2015 | |
| Mailing Address | | | | | | | |
| City CONSHOHOCKEN | | State PA | Zip Code (Plus 4) 194280000 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 300.00 |
| Carpenters Legislative Program of Greater PA | | | | 9 | 8 | 2015 | |
| Mailing Address | | | | | | | |
| City Pittsburgh | | State PA | Zip Code (Plus 4) 15205 | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,220.00 |

PART D
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.)**

| | |
|---|---|
| Name of Filing Committee or Candidate PASHINSKI, EDDIE DAY COM TO ELECT | Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u> |
|---|---|

| | | | | DATE | AMOUNT | | |
|---|--------------------|-----------------------------------|---------------------------|--|-----------------------------------|-------------|-------------|
| Full Name of Contributor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 600.00 |
| Mailing Address | | | | 7 | 28 | 2015 | |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18702 | | | | | |
| Employer Name State of PA | | | | Occupation State Representative | | | |
| Employer Mailing Address/Principal Place of Business | | | City Harrisburg | State PA | Zip Code (Plus 4) 17120 | | |
| Full Name of Contributor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | | 7 | 28 | 2015 | |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18702 | | | | | |
| Employer Name State of PA | | | | Occupation State Representative | | | |
| Employer Mailing Address/Principal Place of Business | | | City Harrisburg | State PA | Zip Code (Plus 4) 17120 | | |
| Full Name of Contributor Neil T O'Donnell Esq | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address | | | | 9 | 8 | 2015 | |
| City Kingston | State PA | Zip Code (Plus 4) 18704 | | | | | |
| Employer Name Self Employed | | | | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business | | | City Kingston | State PA | Zip Code (Plus 4) 18704 | | |
| Full Name of Contributor Angelo & Carol Answini | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address | | | | 9 | 8 | 2015 | |
| City Jenkins Twp | State PA | Zip Code (Plus 4) 18640 | | | | | |
| Employer Name Unknown | | | | Occupation Unknown | | | |
| Employer Mailing Address/Principal Place of Business | | | City Unknown | State PA | Zip Code (Plus 4) 18640 | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---------------------------|-----------------|-----------------------------------|---------------------|
| Full Name of Contributor Mary P Delaney | | | MO 9 | DAY 8 | YEAR 2015 | \$ 300.00 |
| Mailing Address | | | | | | |
| City Luzerne | State PA | Zip Code (Plus 4) 18709 | | | | |
| Employer Name N/A | | | Occupation Retired | | | |
| Employer Mailing Address/Principal Place of Business | | City N/A | State PA | | Zip Code (Plus 4) 18709 | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|--------------------|
| PAGE TOTAL |
| \$ 2,500.00 |

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.

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | | DATE | AMOUNT | | |
|---------------------|-------|-------------------|--|------|--------|------|---------|
| Full Name | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Receipt Description | | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 Period | |
| PASHINSKI, EDDIE DAY COM TO ELECT | | From: <u>6/9/2015</u> To: <u>9/14/2015</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | \$ | 0.00 |
| 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, Reports Cover Page, Item F.) | | \$ | 0.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

| | |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |

| | | | | DATE | | AMOUNT | |
|---|-------|------------------|-------|------------------|-----|-----------------------------|---------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| PASHINSKI, EDDIE DAY COM TO ELECT | From <u>6/9/2015</u> To: <u>9/14/2015</u> |

| | | | | DATE | AMOUNT | | |
|---|--------------|-------|----|-------------------|--------|--|-----------|
| To Whom Paid HTPD/WVCC | | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address | | | | 6 | 15 | 2015 | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18703 | Description of Expenditure Ck #872 - Donation | |
| To Whom Paid Patte's Sports Bar | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | | 6 | 15 | 2015 | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | Description of Expenditure Ck #873 - Donation | |
| To Whom Paid AOH St John Neumann Division II | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address | | | | 6 | 22 | 2015 | |
| City | Plymouth | State | PA | Zip Code (Plus 4) | 18651 | Description of Expenditure Ck #874 - Donation | |
| To Whom Paid United We Stand Divided We Fall | | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address | | | | 6 | 25 | 2015 | |
| City | Trucksville | State | PA | Zip Code (Plus 4) | 18708 | Description of Expenditure Ck #875 - Donation | |
| To Whom Paid Lauren Emilie LLC | | | | MO | DAY | YEAR | \$ 367.50 |
| Mailing Address | | | | 7 | 21 | 2015 | |
| City | Glen Lyon | State | PA | Zip Code (Plus 4) | 18617 | Description of Expenditure Ck #876 - Postage 9/13 event | |
| To Whom Paid M & T Bank | | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address | | | | 6 | 9 | 2015 | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18701 | Description of Expenditure Bank service charge | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------------|---------------------|---|
| To Whom Paid Lauren Emilie LLC | | | MO 8 | DAY 18 | YEAR 2015 | \$ 325.00 |
| Mailing Address | | | | | | |
| City Glen Lyon | State PA | Zip Code (Plus 4) 18617 | Description of Expenditure Ck #877 - Political consulting | | | |
| To Whom Paid Brittany Boote | | | MO 8 | DAY 26 | YEAR 2015 | \$ 200.00 |
| Mailing Address | | | | | | |
| City Wilkes Barre | State PA | Zip Code (Plus 4) 18702 | Description of Expenditure Ck #878 - Photography 9/13 event | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 1,262.50 |

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

| | |
|---|---|
| Name of Filing Committee or Candidate PASHINSKI, EDDIE DAY COM TO ELECT | Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u> |
|---|---|

| | | | | DATE | | Outstanding Balance of Debt | | |
|---|--------------|-------|----|-------------------|-------|--------------------------------|----------------------------|--|
| Name of Creditor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 3,650.80 | |
| Mailing Address | | | | 9 | 14 | 2015 | | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | | | Description of Debt Loan (Original Loan Date 05/16/2006) |
| Name of Creditor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 1,645.99 | |
| Mailing Address | | | | 9 | 14 | 2015 | | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | | | Description of Debt Loan (Original Loan Date 11/07/2006) |
| Name of Creditor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address | | | | 9 | 14 | 2015 | | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | | | Description of Debt Loan (Original Loan Date 03/14/2007) |
| Name of Creditor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 2,636.11 | |
| Mailing Address | | | | 9 | 14 | 2015 | | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | | | Description of Debt Best Western Genetti Hotel - Event 04/19/2007 |
| Name of Creditor Eddie Day Pashinski | | | | MO | DAY | YEAR | \$ 1,600.00 | |
| Mailing Address | | | | 9 | 14 | 2015 | | |
| City | Wilkes Barre | State | PA | Zip Code (Plus 4) | 18702 | | | Description of Debt Loan (Original Loan Date 07/28/2015) |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 10,032.90 | |