Campaign Finance Report

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

		•					•				_		·		NICT	_	
Filer Identificati Number :	ion	2024	C0313			Repor Filed		CAND	ÍDATE	\checkmark	co	OMMITTE	E	LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		PASHI	NSKI,	EDWIN									
Street Address:																	
City:								State:					l e: 18	702			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIM		POST- 3. X		AMENDMENT REPORT?		Yes	No	· •		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA	ay pre	- 5.	30 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	No) N	
report type)	ANNUAL	REPORT	7.	Year 2024	ŀ			NG METH CHECK O				PAPER	PAPER		DISKE	TTE	
Name of Office S	Sought by	Candidat	te:	-		-	-	DATE C)F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count Code	'
REPRESENTAT	IVF IN TH	E GENER		EMBLY				мо	DAY	YEA	AR	121	STH	DEN	1	40	
								11		5	2024		(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			4 9	9 2	024	Ю	5	5	13	2024						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport			\$		((12,59	2.98)						
B. Total Monet	ary Contri	ibutions A	And Rec	eipts (From	n Sche	dule I)	\$	5			0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$;	((12,59	2.98)						
D. Total Expen	ditures (F	rom Sche	edule II	I)			\$;		2,54	1.38						
E. Ending Cash	Balance	(Subtract	: Line D	From Line	C)		\$	5	(15,134	1.36)	-					
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	Schedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule I	V)		\$				0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this is		-	-	-								-					
I swear (or affirm correct and compl		report, incl	uding the	e attached so	chedule	s filed or	paper	or by elect	tronic m	edium,	are to	the best of	f my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed befo day of	ore me this		20						Si	gnatur	e of Persor	n Submitt	ing Rep	oort		
		Signatu	re	_			_					Print	ed Name	l			•
My Commission E	xpires						_					Emai	I				
		мо	D	AY	YR				Ar	ea Code		Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	d Comn	nittee, (Candid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amendo		e best of m	ny knowl	edge and be	lief this	politica	comm	nittee has r	not viola	ted any	provis	ions of the	e act of Ju	ine 3,1	937 (P.I	. 1333,	
Sworn to and subscribed before me this day of 20											s	ignature o	f Candida	ate			
							_					Printe	d Name				
My Commission Exp		Signature					_					Emai	1				
, commission ex							_										
		мо	D	AY	YR	L			Area	Code		Da	ytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PASHINSKI, EDWIN From: <u>4/9/2024</u> **To:** 5/13/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 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) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report 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.

Name of Filing Committee or Candidate				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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 Candida	te		Rep	orting P	eriod					
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on	\$	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.

Name of Filing Committee or Candidate			Reporting Period							
				То:						
				DA	TE		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOTAL		
						\$	0.00			

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 R				Reporting Period					
From:				n:		Т	:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00	

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			Report	ing Peric						
				From: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							\$		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, EDWIN	From:	<u>4/9/2024</u> To:	<u>5/13/2024</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period						
F						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,						PAGE TOTAL		AL.	
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
PASHINSKI, EDWIN			From	From <u>4/9/</u>		То:	<u>5/13/2024</u>				
				DATE A							
To Whom Paid				DAY	YEAR						
279 Bar & Grill			мо								
Mailing Address				22	2024	\$	105.38				
City Wilkes Barre	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	РА	18705	Expense paid for committee - 04/22/2024 Final organization dinner meeting before election								
To Whom Paid			мо	DAY	YEAR						
Rodano's			мо		TLAK						
Mailing Address			4	23	2024	\$	2,436.00				
City Wilkes Barre	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure						
	PA	18701		e paid for c ation Night	e - 04/2	3/2024 Election					
							PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I).			\$	2,541.38				