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	20240	0313				Repo Filed			CA	NDII	DATE	\	C	OMMITTE	E	LOB	BYIS	Т	
Name of Filing C	ommittee, Ca	andida	te or Lo	obbyi	st:	F	PASH	INS	SKI, I	EDWI	N									-
Street Address:																				
City:										State	State: Zip Code: 18702					3702				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.						30 DA PRIMA		Р	POST- 3.			AMENDM REPORT?	Yes] [No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.		FRIDAY TION	PRE-	- 5.		30 DA		Р	OST- 6.		TERMINA REPORT?		Yes		No	/	
report type)	ANNUAL REI	FILING METHOD () CHECK ONE						_			PAPER		\	DIS	KETTE					
Name of Office S	- Sought by Car	ndidate	e:				-			DAT	ΈO	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Co	de Cou Cod	
REPRESENTATI	VE IN THE G	ENER/	AL ASSI	EMBL	Υ.					МО		DAY		YEAR	121	STH	DEI	М	40	
			1								11		5	2024	<u> </u>	<u> </u>			OR CODES	S)
Summary of Expenditures		nd	МО	DA		YEAR)24	T	<u> </u>	МО	1.0	DAY		YEAR		R OFFI	CE USE	ONL	Y	
A. Amount Bro	ught Forward	d Erom	Last P	5 enert	14	20	124		5 \$		10		21	2024 (134.36						
B. Total Moneta						Sched	lule I	<u> </u>	\$				13,	0.00						
C. Total Funds	Available (Su	ım Of I	Lines A	and I	В)				\$			(15,	134.36)						
D. Total Expend	ditures (Fron	n Sche	dule II	I)					\$				12	,795.21						
E. Ending Cash	Balance (Su	btract	Line D	From	Line C	:)			\$			(27,	929.57)						
F. Value Of In-	Kind Contribu	utions	Receive	ed (Fi	rom Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	ched	ule IV))			\$					0.00			•			
						AFFI	[DA\	/I7	ſ SE	CTI	NC									
PART I - If this is	a Committe	e repo	rt, trea	surer	sign h	ere. I	f this	is	a Car	ndida	te re	port, o	cano	didate si	gn here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attac	hed sch	edules	filed o	on p	aper	or by	electr	onic m	ediu	ım, are to	the best o	f my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed before n	ne this		20							•			Signatur	e of Perso	n Submit	ing Re	ort		
	Si	ignature	•	_					-						Prin	ted Name	•			_
My Commission Ex	rpires								-						Ema	il				
	МО		DA	ΑY		YR						Are	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's	autho	orized (Comm	ittee,	, Ca	ndid	ate s	halls	sign he	ere.	1						
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge a	nd belie	f this p	politic	al (comm	ittee l	as no	ot viola	ted	any provis	sions of the	e act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before m day of	e this		20										5	ignature o	of Candida	ate			-
				-					•						Printe	d Name				-
My Commission Exp	_	ature							•		-				Ema	il				-
	м	10	D/	AY		YR						Area	Cod	e	Da	aytime T	elephor	ne Nu	nber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PASHINSKI, EDWIN	From:	<u>5/14/202</u>	<u>4</u> То:	10/21/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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) 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PAGE TOTAL

0.00

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 Cand	Reporting Period						
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		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. \$

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.

Full Name of Contributor Mo DAY YEAR Mailing Address City State Zip Code (Plus 4)	MINT
Full Name of Contributor MO DAY YEAR Mailing Address \$	IINT
MO DAY YEAR Mailing Address \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E TOTAL

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								
			From:			То:					
				DA	TE		A	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			0.00		
Mailing Address							- \$		0.00		
City	State	Zip Cod	e (Plus 4)								
								PAGE TOT	AL		
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate				Repo	orting Pe	riod				
				Fron	n:		т	0:		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (Code (Plus 4)	
Enter Grand Total of Part C on Scheo	dule I, Detailed Su	umm	ary Page,	Section	on 3.				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 Candidate		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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	i	
PASHINSKI, EDWIN	From:	<u>5/14/2024</u> To:	10/21/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Reporting Period							
	From:	:						
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period					
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee	Reporti	ng Period					
PASHINSKI, EDWIN	From	<u>5/1</u> 4	4/2024	То:	10/21/2024		
		•		DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
The Woodlands Inn & Res	ort (Crescenzos)		1-10		127		
Mailing Address			9	29	2024	\$	10,737.75
City Wilkes Barre	Barre State Zip Code (Plus 4) Description of Expenditure						
	PA	18702	Expense	e paid for o	committe	e - 09/29	/2024 Brunch
To Whom Paid				DAY	YEAR		
Mozip			МО	DAY	TEAK		
Mailing Address			10	4	2024	\$	2,057.46
City Kingston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18704		e paid for o			
				<u> </u>			PAGE TOTAL
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D).				

12,795.21