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	80648	3				port ed B		CAN	ANDIDATE COMMITTEE LOBBYIST					BYIST			
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		Edd	lie D	ay Pa	shinski	İ								
Street Address:																		
City:									State:					Zip Code	e:			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		PO	ST-	3.		AMENDME REPORT?	NT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA		PO	ST-	6.		TERMINAT REPORT?	ION	Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2008					IG MET CHECK					PAPER		\checkmark	DISKE	TTE
Name of Office S	ought by	, Candidat	e:	•		-			DATE	ATE OF ELECTION District Office Number Code					ty Code	County		
									МО	D	AY	YEAR		121	STH	DEN	1	40
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					:	11		4 20	800		(SEE INS	TRUCTIO	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО	D	AY	YEAR		FOR	OFFIC	E USE	ONLY	
Expenditures	from:			1 1	2	008	T	0		12	3	31 20	800					
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$			(2	28,582.	90)					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				5,000	.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			(2	23,582.	90)							
D. Total Expenditures (From Schedule III)								0	.00									
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(2	23,582.9	90)					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.	.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0	.00					
					AFF	ID	AVI	T SE	CTIO	N								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	rep	ort, c	andidate	e sig	n here.				
I swear (or affirm) correct and comple		report, incli	uding the	attached scl	hedule	s file	d on	paper	or by ele	ectro	nic me	edium, are	e to t	he best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20								Signa	ature	of Person	Submitt	ing Rep	ort	
	_	Signatur	·e					-		_				Printe	d Name			
My Commission Ex	cpires							_						Email				
		мо	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	ıll siç	gn he	re.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	s not	violat	ed any pr	ovisi	ons of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsc		re me this								-			Si	gnature of	Candida	ite		
	day of —							-		_				Printed	Name			
	:	Signature						-										
My Commission Exp		-												Email				
	-	мо	D	AY	YR	ł		-		_	Area (Code		Day	rtime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period					
Eddie Day Pashinski	From:	1/1/200	<u>8</u> To:	12/31/2008		
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	\$	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)	\$	5,000.00		
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			\$	5,000.00		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
				From: To			o:		
		<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 of Candidate					Reporting Period From: To:					
					DATE		AN	4OUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$ \$	0.00		
City	State	Zip Code (Plus 4)	1							

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.

Name of Filing Committee or Candi	nme of Filing Committee or Candidate			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.)

Name of Filing Committee or Candida	ame of Filing Committee or Candidate			Rep	orting Pe	riod			
				Froi	n:	То:			
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address State Tip Code (Plus 4)							\$	0.00	
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	Reporting Perio	d	
Eddie Day Pashinski	From:	<u>1/1/2008</u> To:	12/31/2008

			D	ATE		AMOUNT
Full Name Committee to Elect Eddie Day P	ashinski		МО	DAY	YEAR	
Mailing Address 1089 Wyoming Ave					2000	\$ 5,000.00
City Forty Fort	State PA	Zip Code (Plus 4) 18704	12	2	2008	
Receipt Description Ck #33	6 - Repay Loan					

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

PAGE TOTAL 5,000.00

\$

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		
Eddie Day Pashinski	From:	<u>1/1/2008</u> To:	12/31/2008
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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	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	ame of Filing Committee or Candidate				Re	porting F	Period				
					From:			To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			•			Occupa	tion		•		
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.				ed				PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate				Reporting Period				
			From			То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure				
							PAGE TOTAL		
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item					\$	0.00		