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 200 | 6195 | | | Rep File | | | CA | NDII | DATE | | СОМ | 4ITTEE | ✓ | LOB | BYIST | | |
|--|---------------------------------------|------------|----------------------|-----------|-------------|-------------|--------|---------|--------|----------|-------|-------------|--------------------|----------------|---------------------|---------|----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | Com | mit | tee to | Elec | t Ed | die Da | у Ра | shinski | | | | | | |
| Street Address: | 259 E NORT | HAMPTO | N ST | | | | | | | | | | | | | | | |
| City: | WILKES-BAR | RE | | | | | | State | e: | PA | | | Zip Cod | ie: 18 | 702 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | AY PRE | - 2 | 2. | 30 DA | | Р | OST- | 3. | | AMENDM REPORT | | Yes | N | 0 | √ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA | AY PRI | E- ! | 5. X | 30 DA | | Р | OST- | 6. | | TERMINA REPORT | | Yes | N | O | √ |
| report type) | ANNUAL REPOR | 7. | Year 2009 |) | | | | NG ME | | | | | PAPER | | √ | DISK | ETTE | |
| Name of Office S | ought by Candid | ate: | | | _ | | | DAT | ΕO | F ELE | CTIC | ON | District Number | Office Code | Par | ty Code | Code | |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | | | | | | | | | | | | | | | |
| 11 3 2009 (SEE INSTRUCTIONS FOR CODES | | | | | | | | | CODES |) | | | | | | | | |
| Summary of Expenditures | | МО | DAY | YEAF | | | _ | МО | | DAY | Y | EAR | FO | R OFFIC | E USE | ONLY | | |
| | | | 1 | 1 2 | 2009 | I | 0 | | 10 | | 19 | 2009 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | Report | | | | \$ | | | | 21, | 879.26 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (Fro | m Sche | edule | I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 21,879.26 | | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 2,448.97 | | | | | | | | | | | | | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | C) | | | \$ | | | | 19, | 430.29 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | Schedu | ile II |) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From | Schedule I | V) | | | \$ | | | | 23, | 582.90 | | | | | | |
| | | | | AFF | -IDA | ١٧٧ | T SE | CTIC | NC | | | | | | | | | |
| PART I - If this is | a Committee re | port, trea | surer sign | here. | If thi | is is | a Car | ndida | te re | port, o | candi | idate sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | that this report, in ete. | cluding th | e attached s | chedule | s filed | d on | paper | or by e | electr | ronic m | ediun | n, are to t | he best o | f my knov | vledge | and be | ief , tr | ue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | , | | | Signature | of Perso | n Submitt | ing Re _l | oort | | _ |
| | Signat | ure | | | | | - - | | , | | | | Prin | ted Name | | | | _ |
| My Commission Ex | pires | | | | | | _ | | • | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | | Ar | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | ndidate's | authorize | d Comr | nitte | e, C | andid | ate sl | halls | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge and be | lief this | s polit | ical | comm | ittee h | nas no | ot viola | ted a | ny provis | ions of th | e act of Ju | ine 3,1 | 937 (P. | L. 133 | 3, |
| Sworn to and subsc | ribed before me thi | 5 | 20 | | | | | | | | | s | ignature o | of Candida | ite | | | _ |
| | — — — — — — — — — — — — — — — — — — — | | _ 20 | | | | _ | | | | | | Printe | d Name | | | | - |
| | Signature | 1 | | | | | _ | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Ema | | | | | |
| | МО | D | AY | YF | 2 | | - | | | Area | Code | | Da | aytime To | elephor | ne Num | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|---------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | Period | | |
| Committee to Elect Eddie Day Pashinski | From: | 1/1/200 | <u>9</u> To: | 10/19/2009 |
| 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 |

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 Candi | date | F | Reporting | Period | | | |
|-------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | 3 | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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 o | r Candidate | | Rep | | | | | |
|----------------------------|-------------|------------------|----------|----|------|------|----|------------|
| | | | From: To | | | o: | | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | •) | | | | | |
| | | | | | | | | PAGE 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.

| ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--------------------------------------|-----------------------|--------------|------------------|------|-----|------|---------------|------------|--|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | Α | AMOUNT | |
| Full Name of Contributing Comm | nittee | | | мо | DAY | YEAR | | 0.00 | |
| Mailing Address | | | | | | | - \$ | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C o | n Schedule I, Detaile | d 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 Candidate | ame of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|--------------------------------------|---------|--------------|------------------|--------|-------|------|--------|-----------------|
| | | | | Fron | n: | | To |): | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zi | p Code (Plus | s 4) | | | | | |
| Employer Name | | • | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumn | nary 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: | | | То: | | |
| | | | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (P | lus 4) | | | | | |
| Receipt Description | ' | , | | <u> </u> | -I | _ ! | • | |
| | | | · ·· | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | i Summary Page, S | 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 | | | | | | | | | |
|--|--|----------------------------|------------|--|--|--|--|--|--|--|
| Committee to Elect Eddie Day Pashinski | From: | <u>1/1/2009</u> To: | 10/19/2009 | | | | | | | |
| 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 PAR | 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 Car | ndidate | | Reporting Period | | | | | |
|---------------------------------|---------------------|-------------------|------------------|------------|------|-------------|--------|------|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | • | | |
| | | | | | - | | | |
| Enter Grand Total of Part F o | ailed Summary Page, | | | PAGE TOTAL | | | | |
| Section 2. | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | Period | | | |
|---|------------------|------|------------------|--------|---------|----------------|--------|------|-------------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | - | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | |
| Employer Mailing Address/Principal Plac | ce of Business | Cit | ty | State | e Zij | o Code(Plus 4) | Descri | ptio | n of Contribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kir | nd (| Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | ne of Filing Committee or Candidate | | | | | | | |
|---|-------------------------------------|-----------------------------------|----------------------------------|---|-------------------------------------|-----|------------|--|
| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | |
| Committee to Elect Eddie Day Pashinsk | ci | | From | 1/: | 1/2009 | То: | 10/19/2009 | |
| | | | | AMOUNT | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| Mountaintop Eagle | | | | | | | | |
| Mailing Address 85 S Main St | | | 9 | 15 | 2009 | \$ | 100.00 | |
| City Mountaintop | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| PA 18707 | | | | 1 - Adverti | sing | | | |
| To Whom Paid Wilkes-Barre NAACP | МО | DAY | YEAR | | | | | |
| Mailing Address C/o United Way of Wyoming Valley 8 W Market St - Suite 450 | | | | 17 | 2009 | \$ | 125.00 | |
| City Wilkes-Barre | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 18711 | Ck #382 - Donation | | | | | |
| To Whom Paid | | | | | | | | |
| 1.0 11.10 1 414 | | | мо | DAY | YEAR | | | |
| Northeastern PA Council, BSA | | | МО | DAY | YEAR | | | |
| | | | MO 9 | DAY 17 | YEAR 2009 | \$ | 200.00 | |
| Northeastern PA Council, BSA | State | Zip Code (Plus 4) | 9 | | 2009 | \$ | 200.00 | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr | State PA | Zip Code (Plus 4) 18507 | 9 Descript | 17 | 2009 enditure | \$ | 200.00 | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr | | ' ' | 9 Descript | 17 | 2009 enditure | \$ | 200.00 | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr City Moosic To Whom Paid | | ' ' | 9 Descript Ck #38 | 17 tion of Exp 3 - Donatio | 2009 enditure | \$ | 200.00 | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr City Moosic To Whom Paid Friends of Maryanne Petrilla | | ' ' | 9 Descript Ck #38. | 17 tion of Exp 3 - Donatio | 2009 enditure on YEAR 2009 | | | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr City Moosic To Whom Paid Friends of Maryanne Petrilla Mailing Address PO Box 421 | PA | 18507 | 9 Description MO 9 Description | 17 tion of Exp 3 - Donatio | 2009 enditure on YEAR 2009 enditure | | | |
| Northeastern PA Council, BSA Mailing Address 1 Bob Mellow Dr City Moosic To Whom Paid Friends of Maryanne Petrilla Mailing Address PO Box 421 | PA State | 18507 Zip Code (Plus 4) | 9 Description MO 9 Description | 17 tion of Exp 3 - Donatio DAY 17 tion of Exp | 2009 enditure on YEAR 2009 enditure | | | |

| City Pittston | State | Zip Code (Plus 4) | Descrip | tion of Exp | | |
|------------------------------|--------|-------------------|---------|-------------|----------|--------------|
| | PA | 18640 | Ck #38 | 5 - Contrib | ution | |
| To Whom Paid | | | МО | DAY | YEAR | |
| Fleet Decal & Graphics | | | 140 | | ILAK | |
| Mailing Address 30 E Main St | | | 9 | 23 | 2009 | \$ 578.97 |
| City Plymouth | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | |
| | Ck #38 | 6 - Adverti | sina | | | |

Mailing Address

200 Overlook Dr Suite 309

50.00

2009

| | | | | | | | 170 | L 1Z | | |
|--|--|-------|--|----------------------------|-------------|----------|--------|--------|--|--|
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Luzerne Foundation | | | | МО | | ILAK | | | | |
| Mailing Address | s 140 Main St | | | 9 | 23 | 2009 | \$ | 130.00 | | |
| City Luzerne | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18709 | | | | Ck #387 - Donation | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| NAACP Wilkes-Barre Chapter | | | | 140 | DA! | ILAK | | | | |
| Mailing Address | C/o United Way of Wyoming Valley 8 W Market St - Suite 450 | | | 9 | 23 | 2009 | \$ | 65.00 | | |
| City Wilkes-Barre State Zip Code (Plu | | | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18711 | | | Ck #388 - Donation | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Nancy Bellas for Prothonotary | | | | 1.10 | | 1 L/ux | | | | |
| Mailing Address | Mailing Address Friends of Nancy McGinley Bellas 79 N Landon Ave | | | 9 | 23 | 2009 | \$ | 50.00 | | |
| City Kingston | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | PA | 18704 | Ck #389 - Contribution | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Lentz for Congre | SS | | | МО | DAT | ILAK | | | | |
| Mailing Address | Unknown | | | 9 | 28 | 2009 | \$ | 500.00 | | |
| City | | State | Zip Code (Plus 4) Description of Expenditure | | | | | | | |
| | | PA | | Ck #390 - Contribution | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Friends of Bob M | organ | | | 1-10 | | ILAK | | | | |
| Mailing Address | Unknown | | | 9 | 30 | 2009 | \$ | 125.00 | | |
| City | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | PA | | Ck #391 - Contribution | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Tina Polachek Ga | ortley for Judge | | | 1-10 | | ILAK | | | | |
| Mailing Address | 179 S Wyoming Ave | | | 10 | 7 | 2009 | \$ | 100.00 | | |
| City Kingston | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18704 | | | | Ck #392 - Contribution | | | | | | |
| To Whom Paid | | | | МС | DAY | VEAD | | | | |
| Committee to Ele | ect Amesbury Your Jud | ge | | МО | DAY | YEAR | | | | |
| Mailing Address 91 Diebel Ave | | | 10 | 7 | 2009 | \$ | 100.00 | | | |
| City Wilkes-Barre St | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18702 | | | Ck #393 - Contribution | | | | | | | |
| To Whom Paid | | | | MC | DAY | VEAD | | | | |
| LAOH | | | | МО | DAY | YEAR | | | | |
| Mailing Address C/o Nancy Amesbury 102 Spring St | | | 10 | 7 | 2009 | \$ | 75.00 | | | |
| City Wilkes-Ba | arre | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | PA | Ck #394 - Donation | | | | | | | |
| PA 18702 | | | GR #331 Dolladiol1 | | | | | | | |

| To Whom Paid | | | | DAY | YEAR | | | |
|---|-------|-------------------|----------------------------|----------|------------|----|--------|--|
| Wilkes-Barre Twp Lions Club | | | | | | | | |
| Mailing Address C/o Betty Duda 58 Custer St | | | 10 | 7 | 2009 | \$ | 100.00 | |
| City Wilkes-Barre State Zip Code (Plus 4) | | | Description of Expenditure | | | | | |
| | PA | 18702 | Ck #395 - Donation | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Donegal Society of Greater Wilkes-Barre | | | 140 | | ILAK | | | |
| Mailing Address C/o Marilyn Montagna 113 Haverford Dr | | | 10 | 7 | 2009 | \$ | 50.00 | |
| ty Wilkes-Barre State Zip Code (Plus 4) Description of Expenditure | | | | enditure | | | | |
| | PA | 18702 | Ck #396 - Donation | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| Plains Sports Hall of Fame | | | 140 | | ILAK | | | |
| Mailing Address Box 1625 | | | 10 | 7 | 2009 | \$ | 50.00 | |
| City Plains | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 18705 | Ck #397 - Donation | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | PAGE TOTAL | | | |
| | | | | \$ | 2,448.97 | | | |

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 | | | | Reporting Period | | | | | |
|---|----------|-------------|---------------------|------------------------------------|--|------|-----------|--------------------------------|-----------|
| Committee to Elect Eddie Day Pashinski | | | From: | | <u>1/1/2009</u> To: <u>10/19/</u> | | | <u>1/2009</u> | |
| | | | | DATE | | | | Outstanding Balance of Debt | |
| Name of Creditor | | | | мо | DAY | YEAR | | | |
| Eddie Day Pashinski Mailing Address 259 E Northampton St | | | | 5 | 16 | 200 | 6 | \$ | 18,800.80 |
| City Wilkes-Barre State Zip Code (Plus 4) | | | Description of Debt | | | | | | |
| | PA 18702 | | | Loan | | | | | |
| Name of Creditor Eddie Day Pashinski | | | | мо | DAY | YEAR | | | |
| Mailing Address 259 E Northampton St | | | | 11 | 7 | 200 | 6 | \$ | 1,645.99 |
| City Wilkes-Barre State Zip Code (Plus 4) | | | Description of Debt | | | | | | |
| PA 18702 | | | | Loan | | | | | |
| Name of Creditor Eddie Day Pashinski | | | | мо | DAY | YEAR | | | |
| Mailing Address 259 E Northampton St | | | | 3 | 14 | 200 | 7 | \$ | 500.00 |
| City Wilkes-Barre State Zip Code (Plus 4) | | | Description of Debt | | | | | | |
| PA 18702 | | | | Loan | | | | | |
| Name of Creditor Eddie Day Pashinski | | | | мо | DAY | YEAR | | | |
| Mailing Address 259 E Northampton St | | | | 4 | 19 | 200 | 7 | \$ | 2,636.11 |
| City Wilkes-Barre | State | Zip Code (P | lus 4) | Description of Debt | | | | | |
| PA 18702 | | | | Best Western Genetti Hotel - Event | | | | | |
| | | | | _ | | | | P | AGE TOTAL |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | \$ | ; | 23,582.90 | | |
| | | | | | | | | | |