

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CASIMIR J. KWITOWSKI					
STREET ADDRESS 4015 STANLEY AVE-					
CITY ERIE		STATE PA	ZIP CODE 16504 - 2405		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		DATE OF ELECTION
	6TH TUESDAY PRE-PRIMARY				MO. DAY YEAR 11 05 19
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
	30 DAY POST-ELECTION <input checked="" type="checkbox"/>				
ANNUAL REPORT					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		10 26 19		TO 11 25 19	
CASH BALANCE AT END OF REPORTING PERIOD: \$ (195.05) TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 195.05					
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION 2019 DEC -5 PM 1:24 ORB					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 th DAY OF December 2019 Laurie Watson SIGNATURE MY COMMISSION EXPIRES 2-2-23 MO. DAY YR.	Casimir J. Kwitowski SIGNATURE OF PERSON SUBMITTING REPORT CASIMIR J. KWITOWSKI PRINTED NAME 814 825-7601 AREA CODE DAYTIME TELEPHONE NUMBER
---	---

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 MY COMMISSION EXPIRES _____ MO. DAY YR.	_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER
---	---

Commonwealth of Pennsylvania - Notary Seal
 LAURIE A WATSON - Notary Public
 Erie County
 My Commission Expires Feb 2, 2023
 Commission Number 1288351