

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 <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>CASIMIR J KWITOWSKI</b>					
STREET ADDRESS <b>4015 STANLEY AVE</b>					
CITY <b>ERIE PA</b>		STATE <b>PA</b>	ZIP CODE <b>16504 -</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION	
				MO.	DAY
6TH TUESDAY PRE-PRIMARY <sup>1.</sup>					
2ND FRIDAY PRE-PRIMARY <sup>2.</sup>					
30 DAY POST-PRIMARY <sup>3.</sup>					
6TH TUESDAY PRE-ELECTION <sup>4.</sup>					
2ND FRIDAY PRE-ELECTION <sup>5.</sup>					
30 DAY POST-ELECTION <sup>6.</sup>					
ANNUAL REPORT <sup>7.</sup> <input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		1 1 21		TO 12 31 21	
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					

**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  
**14th** DAY OF **JANUARY** 20**22**  
**Laurie A Watson**  
 SIGNATURE  
 MY COMMISSION EXPIRES **2-2-2023**  
 MO. DAY YR.

**Casimir J Kwitowski**  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**CASIMIR J KWITOWSKI**  
 PRINTED NAME  
**814** **825-7601**  
 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

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

**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