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	20052	299				Repo Filed		:	CA	NDII	DATE		СОМИ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	e, Candida	ate or Lo	obbyis	it:	F	FRIEN	IDS	OF I	PAT H	IAR	KINS (2/0	TREASU	RER SUS	SAN M. I	COWA	LSKI		
Street Address:	2805	SCHLEY	ST																	
City:	ERIE									State	e:	PA			Zip Code: 16508-1719					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND F PRIMA		PRE-	2.		D DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	/
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND F ELECT		RIDAY PRE- 5. 30 DAY ELECTION				Р	POST- 6.			TERMINA REPORT?	Yes	N	0	\		
report type)	ANNUAL	REPORT	7. X	Year	2012				FILING METHOD () CHECK ONE					PAPER		\checkmark	DISK	ETTE		
Name of Office S	- Sought by	Candidat	e:							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Cour	
REPRESENTATI	VE IN TH	E GENER	ΔΙ Δςς	EMRI \	v					МО		DAY	Y	'EAR	1	STH	DEN	1	25	
KEI KESENIIKII	VE 114 111	L GLIVER	712 7133	LITEL	•						11		6	2012		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		and	МО	DA	Y	YEAR				МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	Trom:		1	11	27	20)12	то			12		31	2012						
A. Amount Bro	ught Forv	vard From	ı Last R	eport					\$				7,	,260.79						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																				
C. Total Funds Available (Sum Of Lines A and B) \$ 7,260.79																				
D. Total Expenditures (From Schedule III)							\$					590.60								
E. Ending Cash	Balance	(Subtract	Line D	From	Line C	E)			\$				6,	670.19						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedu	ıle IV))			\$				2,	980.86		,				
						AFFI	[DA\	/IT	SE	CTIC	N									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and comple		eport, inclu	uding the	attach	ned sch	edules	filed o	on pa	per o	or by e	electr	onic m	ediur	n, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	ore me this		20							•			Signature	of Perso	n Submitt	ing Re _l	oort		_
		Signatur	·e	_											Prin	ted Name				
My Commission Ex	pires .										-				Ema	il				
		мо	D/	AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	autho	rized (Comm	ittee,	Can	dida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge an	nd belie	ef this	politic	al co	mmi	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed befor	e me this		20										s	ignature o	of Candida	ite			_
															Printe	d Name				-
M. C		Signature						_			-				Ema	il				_
My Commission Exp	ires															•				_
	_	мо	D	AY		YR		_				Area	Code		Da	aytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	11/27/201	<u>2</u> To:	12/31/2012			
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

	this Part to itemize onl with an aggregate value		\$2	250.00) in the				
Name of Fining Committee of Canadate			Reporting Period From: To				Го:		
					DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	!	I	!		<u> </u>			DAGE 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 or C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
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	date		Reporting	Period				
			From:			То:		
				DA	TE		А	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	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 Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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 Peri	od						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>11/27/2012</u> To:	12/31/2012					
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	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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From	11/27/2012	То:	12/31/2012			

				DATE			AMOUNT	
To Whom Paid NATIONAL PEN DEPT 274501			МО	DAY	YEAR			
Mailing Address P.O. BOX 55000				14	2012	\$	590.60	
City DETROIT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	MI	482552745	FLASHI HARKII	LIGHT KEY NS	CHAINS	REIMBU	JRSE PAT	
						PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	590.60	

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					
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI			From:	<u>11</u>	/27/2012	То:		12/31/2012
				DATE				Outstanding Balance of Debt
Name of Creditor PRINTING CONCEPTS				МО	DAY	YEAR		
Mailing Address 4982 PACIFIC AVE				4	13	2006	; ; \$	1,382.00
City ERIE	PA Zip Code (Plus 4) 16509			Description of Debt MAILER PAID FOR BY PAT HARKINS				
					DATE		Outstanding Balance of Debt	
Name of Creditor POSTMASTER GENERAL				МО	DAY	YEAR		
Mailing Address ERIE POST OFFICE				4	13	2006	; \$	1,348.86
City ERIE	State PA	Zip Code (Plu 16501	ıs 4)	Description of Debt MAILER PAID FOR BY PAT HA				RKINS
					Outstanding DATE Balance of Debt			
Name of Creditor ERIE FIRE PREVENTION				МО	DAY	YEAR		
Mailing Address P.O. BOX 452				5	31	2007	, \$	250.00
City ERIE	State PA	Zip Code (Plu	ıs 4)	Description of Debt PROGRAM AD PAID FOR BY PAT HARKINS				
								PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	2,980.86