

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | |
|--|--------------------------|--------------------------|-------------------------|---------------------------------------|--|--|------------------------------|--------------------|----------------------------|-------------------------------------|
| Filer Identification Number : 2005299 | | Report Filed By : | | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST | | | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI | | | | | | | | | | |
| Street Address: 2805 SCHLEY ST | | | | | | | | | | |
| City: ERIE | | | State: PA | | Zip Code: 16508-1719 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. <input checked="" type="checkbox"/> | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. | Year 2014 | FILING METHOD () CHECK ONE | | PAPER <input checked="" type="checkbox"/> | | DISKETTE | | |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | MO | DAY | YEAR | 1 | STH | DEM | 25 |
| | | | | 11 | 4 | 2014 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 5 | 6 | 2014 | TO | 6 | 9 | 2014 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 4,685.85 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 500.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 5,185.85 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 746.43 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | 4,439.42 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ | | 2,980.86 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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

 Email

 Area Code Daytime Telephone Number

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: <u>5/6/2014</u> To: <u>6/9/2014</u> |

| | |
|--|---------|
| 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) | \$ 500.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 500.00 |

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 500.00 |
|---|-----------|

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 Candidate | Reporting Period |
| | From: To: |
| DATE AMOUNT | |

| Full Name of Contributing Committee | MO | DAY | YEAR | |
|-------------------------------------|--------------|--------------------------|------|---------|
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART B
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 Candidate | Reporting Period |
| | From: _____ To: _____ |

| | | | | DATE | AMOUNT |
|---------------------------------|--------------|--------------------------|------|------|---------|
| Full Name of Contributor | | | | | |
| Mailing Address | MO | DAY | YEAR | | |
| City | State | Zip Code (Plus 4) | | | |
| | | | | | \$ 0.00 |

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 Candidate FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI | Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u> |
|---|--|

| | DATE | | | AMOUNT |
|---|------|-----|------|----------------------|
| Full Name of Contributing Committee | MO | DAY | YEAR | |
| PSEA PACE Mailing Address PO BOX 1724 400 NORTH THIRD ST City HARRISBURG State PA Zip Code (Plus 4) 171051724 | 5 | 22 | 2014 | \$ 500.00 |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|----------------------|
| PAGE TOTAL |
| \$ 500.00 |

PART D
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 | Reporting Period |
| | From: To: |

| | DATE | | | AMOUNT |
|--|------------|-------------------|-------------------|---------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code (Plus 4) | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART E
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 Period |
| | From: _____ To: _____ |

| | | | DATE | AMOUNT | |
|----------------------------|--------------|--------------------------|------|--------|------|
| Full Name | MO | DAY | YEAR | | |
| Mailing Address | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | |
| Receipt Description | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI | Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | |
| TOTAL for the Reporting Period (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | |
| TOTAL for the Reporting Period (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | \$ 0.00 |

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

| | |
|--|-------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | | | DATE | AMOUNT |
|--|--------------|--------------------------|------|------------------------------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Description of Contribution: | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | 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: _____ To: _____ |
|--|--|

| | | | | DATE | | | AMOUNT |
|--|--------------|-------------------------|-------------------------|------------------------------------|-----|------|---------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 0.00 |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code(Plus 4) | Description of Contribution | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL 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 <u>5/6/2014</u> To: <u>6/9/2014</u> |

| | | | DATE | AMOUNT |
|---|-----------------|------------------------------------|---|-----------|
| To Whom Paid | MO | DAY | YEAR | |
| ERIE COUNTY DEMOCRATIC PARTY | 5 | 10 | 2014 | \$ 70.00 |
| Mailing Address PO BOX 1184 | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16501 | Description of Expenditure DINNER REIMBURSE PAT HARKINS | |
| To Whom Paid HOLY TRINITY USHERS SOCIETY | 5 | 18 | 2014 | \$ 50.00 |
| Mailing Address EAST 23RD & REED ST | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16503 | Description of Expenditure PRE-ELECTION GET TOGETHER | |
| To Whom Paid ERIE COUNTY DEMOCRATIC WOMEN | 5 | 21 | 2014 | \$ 250.00 |
| Mailing Address 815 BANCROFT AVE | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16509 | Description of Expenditure CONVENTION CONTRIBUTION | |
| To Whom Paid TOYS ARE US | 5 | 23 | 2014 | \$ 96.43 |
| Mailing Address 1920 EDINBORO RD | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16509 | Description of Expenditure GIFT BASKET FUNDRAISER REIMBURSE PAT HARKINS | |
| To Whom Paid DR. G. BARBER FOUNDATION | 5 | 23 | 2014 | \$ 140.00 |
| Mailing Address 100 BARBER PLACE | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 165071863 | Description of Expenditure GARDEN PARTY TICKETS REIMBURSE PAT HARKINS | |

| | | | | | | |
|--|--------------------|---------------------------------------|--|------------|-------------|--------------------------------|
| To Whom Paid PAT DIPAOLO MEMORIAL FUND | | | MO | DAY | YEAR | |
| Mailing Address P.O. BOX 3073 | | | 6 | 1 | 2014 | \$ 100.00 |
| City ERIE | State PA | Zip Code (Plus 4) 16508 | Description of Expenditure GOLF HOLE SPONSOR | | | |
| To Whom Paid PA SPORTS HALL OF FAME | | | MO | DAY | YEAR | |
| Mailing Address PO BOX 1189 | | | 6 | 1 | 2014 | \$ 40.00 |
| City ERIE | State PA | Zip Code (Plus 4) 165121189 | Description of Expenditure PROGRAM AD | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 746.43 |

SCHEDULE IV

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>5/6/2014</u> | | To: <u>6/9/2014</u> | |
| | | | | | | Outstanding Balance of Debt | |
| | | | | | | DATE | |
| Name of Creditor | | | | MO | DAY | YEAR | |
| PRINTING CONCEPTS | | | | | | | |
| Mailing Address | | | | | | | |
| 4982 PACIFIC AVE | | | | 4 | 13 | 2006 | \$ 1,382.00 |
| City | State | Zip Code (Plus 4) | | Description of Debt | | | |
| ERIE | PA | 16509 | | MAILER PAID FOR BY PAT HARKINS | | | |
| | | | | | | Outstanding Balance of Debt | |
| | | | | | | DATE | |
| Name of Creditor | | | | MO | DAY | YEAR | |
| POSTMASTER GENERAL | | | | | | | |
| Mailing Address | | | | | | | |
| ERIE POST OFFICE | | | | 4 | 13 | 2006 | \$ 1,348.86 |
| City | State | Zip Code (Plus 4) | | Description of Debt | | | |
| ERIE | PA | 16501 | | MAILER PAID FOR BY PAT HARKINS | | | |
| | | | | | | Outstanding Balance of Debt | |
| | | | | | | DATE | |
| Name of Creditor | | | | MO | DAY | YEAR | |
| ERIE FIRE PREVENTION | | | | | | | |
| Mailing Address | | | | | | | |
| P.O. BOX 452 | | | | 5 | 31 | 2007 | \$ 250.00 |
| City | State | Zip Code (Plus 4) | | Description of Debt | | | |
| ERIE | PA | | | PROGRAM AD PAID FOR BY PAT HARKINS | | | |
| | | | | | | PAGE TOTAL | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | \$ 2,980.86 | |