

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			\$ 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 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 DIPAOLA 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