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 :	ion	2005	299			Repor Filed I		CANDI	DATE		СОМИ	AITTEE	\checkmark	LOBI	BYIST	
Name of Filing C	Committee	, Candida	ate or Lo	obbyist:		FRIEND	S OF	PAT HAR	KINS C	:/O TF	REASU	RER SU	SAN M. I	KOWA	LSKI	
Street Address:	2805	SCHLEY	ST													
City:	ERIE							State: PA				Zip Co	de: 16	508-1	719	
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE-	- 2.	30 DA PRIMA		POST-	3.		AMENDI REPORT		Yes	Nc	· 🗸
(place X to the right of	6TH TUES		4.	2ND FRIDA	AY PRE	- 5. X	30 DA		POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL	REPORT	7.	Year 2014				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by	Candidat	ie:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YE	AR	1	STH	DEN	1	25
REPRESENTATI	IVE IN TH	E GENER	AL ASS	EMBLY				11		4	2014		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	CE USE	ONLY	
Expenditures	s from:			9 16	5 2	014	0	10	2	20	2014					
A. Amount Bro	ught Forw	ard Fron	n Last R	eport			\$			4,4	39.42					
B. Total Moneta	ary Contri	butions A	And Rec	eipts (Fror	n Sche	dule I)	\$	\$ 1,750.00								
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			6,1	89.42					
D. Total Expen	ditures (F	rom Sche	edule II	I)			\$			1,69	92.39					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			4,49	97.03	-				
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From S	Schedu	le II)	\$				0.00	-				
G. Unpaid Debt	ts And Obl	igations	(From S	Schedule I	/)		\$			2,98	80.86					
					AFF	IDAVI	T SE	CTION								
PART I - If this is		-	-								-					
I swear (or affirm) correct and comple		eport, incl	uding the	e attached so	chedules	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	wledge	and beli	ef , true
Sworn to and subs	cribed befo day of	re me this		20						Si	gnature	e of Perso	on Submitt	ting Rep	oort	
		Signatur	re				_					Prir	ited Name	•		
My Commission Ex	xpires											Ema	nil			
	Ī	мо	D	AY	YR				Are	a Code	3	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	l Comn	nittee, C	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and bel	ief this	political	comm	ittee has n	ot violat	ed any	, provis	ions of th	e act of Ju	une 3,1	937 (P.L	1333,
Sworn to and subsc	ribed befor day of	e me this									S	ignature	of Candida	ate		
							_					Printe	ed Name			
		ignature					-					Ema				
My Commission Exp	bires											Ema				
		мо	D	AY	YR		_		Area (Code		D	aytime Te	elephon	e Numb	er

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>9/16/2014</u> **To:** 10/20/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 750.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 750.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 1,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,750.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candida	te		Reporti	ng Period			
FRIENDS OF PAT HARKINS C/O TRE	ASURER SUSAN M. K	OWALSKI	From:	<u>9/16/2</u>	<u>014</u> To	:	<u>10/20/2014</u>
		DATE AMOUNT					
Full Name of Contributing Committee	мо	DAY	YEAR				
PA TRUCK PAC							
Mailing Address 910 LINDA LANE						\$	250.00
City CAMP HILL	State	Zip Code (Plus	4)	9 24	2014		
	РА	170116409					
Full Name of Contributing Committee PA PSYCHOLOGICAL PAC			мо	DAY	YEAR		
Mailing Address 416 FORSTER ST	Г					\$	250.00
City HARRISBURG	State	Zip Code (Plus	4)	.0 14	2014		
	РА	171021748					
Full Name of Contributing Committee	•		мо	DAY	YEAR		
AFL - CIO							
Mailing Address 4031 EXECUTIVE	E PARK DRIVE					\$	250.00
City HARRISBURG	State	Zip Code (Plus	4)	.0 14	2014		
							PAGE TOTAL
Enter Grand Total of Part A on Sch	edule I, Detailed Su	ımmary Page, S	ection 2.			\$	750.00

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

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 Candidat	e		Rep	orting P	eriod			
			Fror	m:		То):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detai	led Summary Pag	je, Se	ection 2	2.		\$	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 Reporting			Period						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. From: KOWALSKI			From:	<u>9/1</u>	<u>6/2014</u>	То:	<u>10/20/2014</u>		
					TE		AMOUNT		
Full Name of Contributing Committee PSEA PACE				мо	DAY	YEAR			
Mailing Address 400 NORTH THIRD S	TREET						\$	500.00	
City HARRISBURG	State PA	Zip Code 1710517		10	6	2014			
Full Name of Contributing Committee STEAMFITTERS LOCAL 449				мо	DAY	YEAR			
Mailing Address 1517 WOODRUFF ST							\$	500.00	
City PITTSBURGH	State PA	Zip Code 1522053		10	10	2014	ł		
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	lule I, Detailed Sum	nmary Pag	ge, Sectio	n 3.			\$	1,000.00	

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:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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			Report	ing Perio	od				
Fro			From:	From: To:					
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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 Per	iod						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>9/16/2014</u> To:	<u>10/20/2014</u>					
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	TF)							
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, 3		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting	g Period			
F						То:	
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							AMOUNT			
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor						Occupat	tion		-	
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
FRIENDS OF PAT HARKINS (C/O TREASURER SUSAN	I M. KOWALSKI	From	<u>9/1</u>	<u>6/2014</u>	То:	<u>10/20/2014</u>	
				DATE			AMOUNT	
To Whom Paid EARLY CONNECTIONS			мо	DAY	YEAR			
Mailing Address 200 WEST	11TH STREET		7	22	2014	\$	250.00	
City ERIE	State Zip Code (Plus 4) PA 16501				penditure		GOLF OUTING	
To Whom Paid WALMART	мо	DAY	YEAR					
Mailing Address 5350 WEST RIDGE ROAD				22	2014	\$	114.39	
CityERIEStateZip Code (Plus 4)PA16506				Description of Expenditure DONATION OF A BIKE FOR REIMBURSE PAT HARKINS FRIENDSHIP BAPTIST CHURCH				
To Whom Paid BARBER NATIONAL INSTITUT	Ē		мо	DAY	YEAR			
Mailing Address 100 BARB	ER PLACE		8	6	2014	\$	125.00	
City ERIE	State PA	Zip Code (Plus 4) 16507		otion of Exp				
To Whom Paid ST. PAT'S CHURCH			мо	DAY	YEAR			
Mailing Address 130 EAST	4TH ST		8	18	2014	\$	125.00	
City ERIE	State PA	Zip Code (Plus 4) 16507		ation of Exp AM AD ER			-	
To Whom Paid SAINT JAMES AME CHURCH			мо	DAY	YEAR			
Mailing Address 236 EAST	11TH ST		8	18	2014	\$	70.00	
City _{ERIE}	State PA	Zip Code (Plus 4) 16503	Descrij PROGR	otion of Ex	penditure	1		

To Whom Paid ALS ASSOCIATION WPA				мо	DAY	YEAR					
Mailing Address 416 LINCOLN AVE				8	20	2014	\$	50.00			
City PITTSBURG	TSBURG State Zip Code (Plus 4) PA 15209					Description of Expenditure ALS BUCKET CHALLENGE					
To Whom Paid LAVITA WILLIAMS C/O GECAC				мо	DAY	YEAR					
Mailing Address 18 WEST 9TH STREET				8	24	2014	\$	80.00			
City ERIE		State PA	Zip Code (Plus 4) 16501		Description of Expenditure GECAC ANNUAL MEETING						
To Whom Paid NATIONAL PEN CO				мо	DAY	YEAR					
Mailing Address 342 SHELBYVILLE MILLS ROAD				8	30	2014	\$	190.00			
City SHELBYVILLE		State TN	Zip Code (Plus 4) 37160	Description of Expenditure CALENDARS							
To Whom Paid MU NU OMEGA CHAPTE	ER			мо	DAY	YEAR					
MU NU OMEGA CHAPTE	ER BOX 10694			мо 9	DAY 21	YEAR 2014	\$	75.00			
MU NU OMEGA CHAPTE		State PA	Zip Code (Plus 4) 16515	9	21 otion of Exp	2014		75.00			
MU NU OMEGA CHAPTE Mailing Address PO	BOX 10694	PA		9 Descrip	21 otion of Exp	2014		75.00			
MU NU OMEGA CHAPTE Mailing Address PO City ERIE To Whom Paid EAST SIDE FED. OF PC	BOX 10694	PA		9 Descrip PROGR	21 htion of Exp AM AD	2014 penditure		200.00			
MU NU OMEGA CHAPTE Mailing Address PO City ERIE To Whom Paid EAST SIDE FED. OF PC	BOX 10694 DLISH AMER. SOC	PA		9 Descrip PROGR. MO 10	21 Ition of Exp AM AD DAY 4	2014 penditure YEAR 2014	\$				
MU NU OMEGA CHAPTE Mailing Address PO City ERIE To Whom Paid EAST SIDE FED. OF PC Mailing Address 845	BOX 10694 DLISH AMER. SOC	PA CIETIES State	16515 Zip Code (Plus 4)	9 Descrip PROGR MO 10 Descrip	21 Ition of Exp AM AD DAY 4	2014 penditure YEAR 2014	\$				
MU NU OMEGA CHAPTE Mailing Address PO City ERIE To Whom Paid EAST SIDE FED. OF PC Mailing Address 845 City ERIE To Whom Paid POLISH FALCONS NEST	BOX 10694 DLISH AMER. SOC	PA CIETIES State	16515 Zip Code (Plus 4)	9 Descrip PROGR 10 Descrip PROGR	21 Nation of Exp AM AD DAY 4 Ation of Exp AM AD	2014 penditure YEAR 2014 penditure	\$				

To Whom Paid POLISH FALCONS				мо	DAY	YEAR				
Mailing Address 431 EAST 3RD ST				10	4	2014	\$	33.00		
City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exr	ondituro				
	PA 16503				Description of Expenditure PROGRAM AD					
To Whom Paid LADIES ONLY LUNCHEON				мо	DAY	YEAR				
Mailing Address BARBER NATIONAL INSTITUTE 100 BARBER PLACE				10	8	2014	\$	120.00		
City ERIE		State	Zip Code (Plus 4)	Descrin	tion of Exr	enditure				
		РА	165071863	Description of Expenditure						
To Whom Paid GUYS AND GALS PRE-ELECTION GET TOGETHER				мо	DAY	YEAR				
Mailing Address HOLY TRINITY CHURCH 2220 REED ST.			10	14	2014	\$	50.00			
City _{ERIE}		State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure				
	PA 165032196				PRE ELECTION GET TOGETHER					
To Whom Paid ECDP C/O LINDA MCCABE				мо	DAY	YEAR				
Mailing Address 815 BANCROFT AVE.				10	14	2014	\$	100.00		
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure						
PA 16509				PROGRAM AD						
To Whom Paid ECDP				мо	DAY	YEAR				
Mailing Address PO BOX 1184				10	14	2014	\$	80.00		
City ERIE State Zip Code (Plus 4)				Descrip						
		РА	16512	BEEF &						
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	1,692.39				

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 Reporti				ing Period						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI			From:	<u>9/16/2014</u> To:			10/20/2014			
				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	State PA	Zip Code (Pl 16509	us 4)	-	otion of Del R PAID FOR	R 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 Zip Code (Plus 4) PA				Description of Debt MAILER PAID FOR BY PAT HARKINS					
								Dutstanding Balance of Debt		
Name of Creditor ERIE FIRE PREVENTION				мо	DAY	YEAR				
Mailing Address PO BOX 452				5	31	2007	\$	250.00		
City _{ERIE}	State	Zip Code (Pl	s 4) Description of Debt PROGRAM AD PAID FOR				BY PAT HARKINS			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item								PAGE TOTAL		
				i G.			\$	2,980.86		