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	.99				Repo Filed			CA	NDII	DATE		СОМ	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	bbyis	t:	F	RIEN	DS C)F F	PAT H	IARI	KINS (2/0	TREASU	RER SUS	SAN M. I	KOWA	LSKI		
Street Address:	2805 S	CHLEY S	ST																	
City:	ERIE									State	e:	PA			Zip Cod	le: 16	508-1	719		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA		PRE-	2.		DA [MA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND F ELECT		PRE-	- 5.		DA ECT	Y ION	Р	OST-	6. X	(TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL RI	EPORT	7.	Year	2014					G ME					PAPER		\checkmark	DISK	ETTE	
Name of Office S	- Sought by Ca	andidate	e:							DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Coui	
REPRESENTATI	VE IN THE	GENER/	ΔΙ Δ S SI	EMRI \	v					МО		DAY	Y	'EAR	1	STH	DEN	1	25	
KEIKESENIAII	VE IIV IIIE	GLIVLIV	AL ASSI	LINDL	•						11		4	2014		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		and	МО	DA	Y	YEAR				МО		DAY	١	/EAR	FO	R OFFIC	E USE	ONLY	'	
Expenditures	from:		1	.0	21	20	14	то			11	:	24	2014						
A. Amount Bro	ught Forwa	rd From	Last R	eport					\$				4	,497.03						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,250.00																				
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 7,747.03																			
D. Total Expenditures (From Schedule III) \$ 665.12																				
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C	:)			\$				7,	081.91						
F. Value Of In-	Kind Contril	butions	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedu	ıle IV))			\$				2,	.980.86						
						AFFI	DAV	IT S	SEG	CTIC	NC									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and comple		ort, inciu	aing the	attacn	iea scn	eaules	Tilea o	п рар	er c	ог ву е	electr	ronic m	ealur	n, are to t	ne best o	г ту кпоч	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before day of	me this		20							,			Signature	of Perso	n Submitt	ing Re	oort		_
		Signature	9					_							Prin	ted Name	1			
My Commission Ex	cpires										•				Ema	il				
	мс	·	DA	Υ		YR						Ar	ea Co	ode	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of	a candi	date's	autho	rized (Commi	ittee,	Cand	lida	ate sl	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge an	d belie	ef this p	politica	al con	nmi	ttee 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 before i	me this		20										s	ignature o	of Candida	ate			_
				-				_							Printe	d Name				-
My Commission Exp	_	nature						_							Ema	il				-
								_												_
		МО	DA	ΑY		YR						Area	Code	•	Da	aytime To	elephor	ie Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	10/21/201	<u>.4</u> To:	11/24/2014
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)			\$	2,000.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	2,000.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,250.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	1,250.00
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pag			\$	3,250.00

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 Cano	lidate		Reporting	Period			
FRIENDS OF PAT HARKINS C/O 1	REASURER SUSAN I	M. KOWALSKI	From:	10/21/2	2 <u>014</u> To	:	11/24/2014
		1		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address 301 GRANT S	ST 20TH FLOOR		11		5 2014	\$	250.00
City PITTSBURG	State PA	Zip Code (Plus 4 15219			2011		
Full Name of Contributing Committee	ee	<u> </u>	мо	DAY	YEAR		
Mailing Address 1299 PA AVE	NW		11		5 2014	\$	250.00
City WASHINGTON	State DC	Zip Code (Plus 4 20004			2014		
Full Name of Contributing Committee LOC. ENGINEERS AND TRAINMEN	МО	DAY	YEAR				
Mailing Address 1370 ONTAR	IO ST		11		5 2014	\$	250.00
City CLEVELAND	State OH	Zip Code (Plus 4 441131702)				
Full Name of Contributing Committee	ee	·	МО	DAY	YEAR		
Mailing Address 76 S. MAIN S	ST .		11	,	5 2014	\$	250.00
City AKRON	State OH	Zip Code (Plus 4 443081890			2011		
Full Name of Contributing Committee	ee		МО	DAY	YEAR		
Mailing Address 800 NORTH	THIRD ST		11		5 2014	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4 17102)				
Full Name of Contributing Committee VISION COMMITTEE	ee	•	мо	DAY	YEAR		
Mailing Address 2205 STRAW	BERRY SQUARE		11		5 2014	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4 17101					
Full Name of Contributing Committee HIGHMARK HEALTH PAC			мо	DAY	YEAR		
Mailing Address 1800 CENTE	R ST		11		5 2014	\$	250.00
City CAMP HILL	State PA	Zip Code (Plus 4 170890089			2017		
				1		L	

Full Name of Contributing Commit PHARMPAC	МО	DAY	YEAR			
Mailing Address 508 NORTH	11	6	2014	\$ 250.00		
City HARRISBURG	State	Zip Code (Plus 4)	1		2011	
	PA	171011199				
	1					

PAGE TOTAL \$ 2,000.00

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

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		Rep					
From:						To):	
					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 Schedule I, Detailed Summary Page, Section 2.

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. KOWALSKI	From:	10/21/2014	То:	11/24/2014			

			DA	TE		AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR	
Z PAC PA SOCIETY OF ANESTHESIOLOG	IST			27(1	1 2711	\$ 750.00
Mailing Address 50 S PROVIDENCE RD			11	6	2014	
City MEDIA	State	Zip Code (Plus 4)		J		
	PA	19063				
Full Name of Contributing Committee						
Full Name of Contributing Committee			мо	DAY	YEAR	
Full Name of Contributing Committee NATIONAL FUEL GAS PA PAC			МО	DAY	YEAR	\$ 500.00
						\$ 500.00
NATIONAL FUEL GAS PA PAC	State	Zip Code (Plus 4)	MO	DAY 6	YEAR 2014	\$ 500.00

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

PAGE TOTAL \$ 1,250.00

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 Candidat	е			Reporting Period							
				Fron	n:			То:			
					D	ATE			АМ	10UNT	
ull Name of Contributor					мо	DAY	YEA	ıR	\$		0.00
Mailing Address											
City	State	Zi	ip Code (Plus	4)							
Employer Name	•	•			Occupa	tion					
Employer Mailing Address/Principal Place of Business City					•	State		2	Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sci	redule I, Detailed	l Sumr	mary Page,	Section	on 3.			\$		AGE TOTAL	. L).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 Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•	•	
Futor Count Total of Boot	Fan Cabadula I Batailad	I Comment Base	Castian	4			PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page,	Section	4.			\$ 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 Perio	od					
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>10/21/2014</u> To:	11/24/2014				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00				
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate	lame 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)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Re	porting	Period			
				Fro	m:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	7	Zip Code(Plus 4)						
Employer of Contributor	•				Occup	ation		•	
Employer Mailing Address/Principal Plac	ce of Business	City	,	Stat	e Zip	Code(Plus 4)	Descr	iption (of Contribution
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd C	ontributions D	etaile	ed				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	10/21/2014	То:	11/24/2014
		DATE		AMOUNT

					DATE	DATE		AMOUNT		
To Whom Paid MOLLY BRANNIGANS				мо	DAY	YEAR				
Mailing Address 311 N. SECOND ST			10	25	2014	\$	325.00			
City HARRISBI	JRG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17101	FUNDRA	AISER REIN	MBURSE I	PAT HARKI	AT HARKINS		
To Whom Paid				мо	DAY	YEAR				
THE UPS STORE #918										
Mailing Address 3915 UNION DEPOSIT ROAD			10	25	2014	\$	6.36			
City HARRISBI	JRG	State Zip Code (Plus 4) Description of Expenditure				•				
		PA	17109	COPIES	FOR MAIL	ER REIM	BURSE PAT	HARKINS		
To Whom Paid RON PALOMBI				мо	DAY	YEAR				
Mailing Address 227 EAST 29TH ST			11	1	2014	\$	100.00			
City ERIE	City ERIE State Zip Code (Plus 4)			Description of Expenditure						
		PA	16504	LANE SPONSORSHIP FUNDRAISER TOURNAMENT						
To Whom Paid WALMART			МО	DAY	YEAR					
Mailing Address 1825 DOWNS DR.			11	10	2014	\$	33.76			
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure						
		PA	16509	Description of Expenditure TWO DATE STAMPS REIMBURSE PAT HARKINS						
To Whom Paid THE ERIE COMMU	JNITY FOUNDATION			МО	DAY	YEAR				
Mailing Address PRESQUE ISLE DOWNS AND CASINO PO BOX 10725			11	11	2014	\$	200.00			
City ERIE State Zip Code (Plus 4)			Description of Expenditure							
		PA	16514	FUNDRAISER BENEFIT MLK SAFENET & EARLY CONNECTIONS						
						PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	665.12				

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>10</u>)/21/2014	To:	11/24/2014				
				DATE				Outstanding Balance of Debt			
Name of Creditor					мо	DAY	YEAR				
PRINTING C	CONCEPTS				MO		ILAK				
Mailing Address 4982 PACIFIC AVE					4	13	2006	\$	1,382	.00	
City ERIE		State Zip Code (Plus 4)			Description of Debt						
		PA	16509		MAILER PAID FOR BY PAT HARKINS						
Name of Creditor				МО	DAY	YEAR					
POSTMASTER GENERAL											
Mailing Address ERIE POST OFFICE				4	13	2006	\$	1,348	1.86		
City ERIE	Ī	State Zip Code (Plus 4)			Description of Debt						
		PA	16501		MAILER PAID FOR BY PAT HA			HAR	RKINS		
Name of Creditor					мо	DAY	YEAR				
ERIE FIRE F	PREVENTION				MO	DAT	ILAR				
Mailing Address PO BOX 452				5	31	2007	7 \$	250	0.00		
City ERIE		State	Zip Code (P	lus 4)	Description of Debt						
PA PROGRAM AD F				AM AD PAII	D FOR I	3Y PA	AT HARKINS				
					PAGE TOTAL						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								\$	2,980	.86	