

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2005299		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI												
<b>Street Address:</b> 2805 SCHLEY ST.												
<b>City:</b> ERIE						<b>State:</b> PA			<b>Zip Code:</b> 16508-1719			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	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. X	Year 2014	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	1	STH	DEM	25
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	25	2014		12	31	2014				
<b>A. Amount Brought Forward From Last Report</b>						\$ 7,081.91						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 0.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 7,081.91						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 1,088.48						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 5,993.43						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From: <u>11/25/2014</u> To: <u>12/31/2014</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
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	Reporting Period	
	From:	To:

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

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

<b>PAGE TOTAL</b>
\$ 0.00

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	\$ 0.00
Mailing Address						
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	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Receipt Description								

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI		From: <u>11/25/2014</u> To: <u>12/31/2014</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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	\$ 0.00
Mailing Address						
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 III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From <u>11/25/2014</u> To: <u>12/31/2014</u>

DATE				AMOUNT		
To Whom Paid TONY MARINO			MO	DAY	YEAR	\$ 200.00
Mailing Address 3523 OAKWOOD ST.			11	25	2014	
City ERIE	State PA	Zip Code (Plus 4) 16508	Description of Expenditure BENEFIT FOR LISA MARINO			
To Whom Paid THE ERIE VETERANS HOSPITAL			MO	DAY	YEAR	\$ 100.00
Mailing Address 1115 EAST 30TH ST.			11	25	2014	
City ERIE	State PA	Zip Code (Plus 4) 16504	Description of Expenditure FOOD BASKETS FOR NEEDY VETERANS			
To Whom Paid BARBER NATIONAL INSTITUTE			MO	DAY	YEAR	\$ 270.00
Mailing Address 100 BARBER PLACE			11	25	2014	
City ERIE	State PA	Zip Code (Plus 4) 165071863	Description of Expenditure 50TH ANNIVERSARY CHRISTMAS' BALL			
To Whom Paid BIROSCAK PRINTING CO.			MO	DAY	YEAR	\$ 265.00
Mailing Address 1919 PEACH STREET			11	30	2014	
City ERIE	State PA	Zip Code (Plus 4) 16502	Description of Expenditure THANK YOU CARDS			
To Whom Paid EMERALD PRINTING			MO	DAY	YEAR	\$ 253.48
Mailing Address 3212 CHERRY STREET			12	1	2014	
City ERIE	State PA	Zip Code (Plus 4) 16508	Description of Expenditure LETTERHEAD PRINTS REGULAR ENVELOPES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,088.48

**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

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI				<b>From:</b> <u>11/25/2014</u> <b>To:</b> <u>12/31/2014</u>			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> PRINTING CONCEPTS					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,382.00
<b>Mailing Address</b> 4982 PACIFIC AVE.					4	13	2006	
<b>City</b> ERIE	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16509		<b>Description of Debt</b> MAILER PAID FOR BY PAT HARKINS			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> POSTMASTER GENERAL					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,348.86
<b>Mailing Address</b> ERIE POST OFFICE					4	13	2006	
<b>City</b> ERIE	<b>State</b>		<b>Zip Code (Plus 4)</b>		<b>Description of Debt</b> MAILER PAID FOR BY PAT HARKINS			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> ERIE FIRE PREVENTION					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> PO BOX 452					5	31	2007	
<b>City</b> ERIE	<b>State</b> PA		<b>Zip Code (Plus 4)</b>		<b>Description of Debt</b> PROGRAM AD PAID FOR BY PAT HARKINS			

  

<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b> \$ 2,980.86
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