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	299				Repo Filed		y :	CA	NDII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ite or Lo	bbyis	t:	F	FRIEN	NDS	OF	PAT H	IARI	KINS C	7/0	REASU	RER SU	SAN M. I	KOWA	LSKI		
Street Address:	2805	SCHLEY	ST																	
City:	ERIE -									State	e:	PA			Zip Co	ie: 16	508-1	.719		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND F PRIMA		PRE-	2.		30 DA		Р	OST-			AMENDMENT REPORT?		Yes	N	0	/
(place X to the right of	6TH TUES		4.	2ND F ELECT		' PRE	- 5.		30 DA		Р	OST-	6.		TERMIN/ REPORT		Yes	N	0	\
report type)	ort type) ANNUAL REPORT 7. X Year 2016 FILING METHOD () CHECK ONE										PAPER		\	DISK	ETTE					
Name of Office S	ought by	Candidat	e:				-			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Cod	Cour	
DEDDECEMENT	\/C TN T	IE CENIED	AL ACC	-MDI\	,					МО		DAY	Y	EAR	1	STH	DE	М	25	
REPRESENTATI	VE IN IF	IE GENEK	AL ASS	EMBL	r						11		8	2016		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of	•	and	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	Trom:		1	.1	29	20	016	T)		12	,	31	2016						
A. Amount Bro	ught Forv	ward From	Last R	eport					\$				8,	609.21						
B. Total Moneta	ary Contr	ibutions A	nd Rec	eipts (From	Sched	dule I	()	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B	5)				\$				8,	609.21						
D. Total Expend	ditures (F	From Sche	dule II	[)					\$				1,	441.25						
E. Ending Cash	Balance	(Subtract	Line D	From I	Line C	:)			\$				7,:	167.96						
F. Value Of In-	Kind Con	tributions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedu	ile IV)			\$					0.00						
						AFF:	IDA۱	/IT	SE	CTIO	NC									
PART I - If this is		•	•		_							• '								
I swear (or affirm) correct and comple		report, inclu	uding the	attach	ed sch	edules	filed	on p	aper	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20									:	Signature	of Perso	n Submitt	ing Re	port		_
	_	Signatur	•	•					Ī						Prin	ted Name	1			-
My Commission Ex	pires	orginatur	-								•				Ema	il				-
		МО	D/	Υ		YR			•			Are	ea Co	de	Daytim	e Teleph	one Nı	mber		
Part II- If this is	a report	of a cand	idate's	autho	rized (Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	dge an	d belie	f this	politic	al d	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of th	e act of Ju	ıne 3,1	937 (P	L. 133	з,
Sworn to and subsc		re me this												Si	ignature o	of Candida	ate			- $ $
	day of —			20 -											Printe	d Name				-
	:	Signature																		_
My Commission Exp	ires														Ema	il				
	_	МО	D	lΥ		YR						Area	Code		D	aytime To	elepho	ne 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:	11/29/201	<u>.6</u> To:	12/31/2016
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Fining Committee of Canadate						Го:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL	
\$ 0.00	

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	e or Candidate		Rep	oorting P	eriod				
Fre				From: T				o:	
					DATE		A	AMOUNT	
Full Name of Contributor				МО	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 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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Candidate	ne of Filing Committee or Candidate			Reporting Period						
			Fron	n:		To) :			
				D	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL		
							\$	0.00		

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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>11/29/2016</u> To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Candid	ate		Reporting	g 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period				
					From:			То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportin	g Period		
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From	<u>11/29/2016</u>	То:	<u>12/31/2016</u>
		DATE		AMOUNT

			DATE				AMOUNT
To Whom Paid NATIONAL PEN CO. LLC			мо	DAY	YEAR		
Mailing Address P.O. BOX 847203			12	1	2016	\$	1,081.25
City DALLAS	State	Zip Code (Plus 4)	Description of Expenditure PROMOTIONAL USB FLASHDRIVE, ARCTIC FROSTPENS REIMBURSE PAT HARKINS				
	TX	752847203					
To Whom Paid DR. GERTRUDE A. BARBER FOUNDATION			МО	DAY	YEAR		
Mailing Address 100 BARBER PLACE			12	4	2016	\$	360.00
City ERIE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	165071863	2016 BARBER CHRISTMAS BALL				
						PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D.				\$	1,441.25