# **Campaign Finance Report**

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

| Filer Identificati<br>Number :   | <b>on</b> 200                     | 5299        |                       |         | Repor<br>Filed I |               | CANDI               | DATE      |          | СОМ        | MITTEE               | ✓              | LOBI         | BYIST   |                |              |
|--|-----------------------------------|-------------|-----------------------|---------|------------------|---------------|---------------------|-----------|----------|------------|----------------------|----------------|--------------|---------|----------------|--------------|
| Name of Filing C   | committee, Candi                  | date or L   | obbyist:              |         |                  |               | PAT HAR             | KINS (    | с/о т    | L<br>REASU | RER SU               | SAN M. H       | KOWA         | LSKI    |                |              |
| Street Address:  | 2805 SCHLE                        |             | -                     |         |                  |               |                     |           | -, -     |            |                      | _              | -            | _       |                |              |
| City:  | ERIE                              |             |                       |         |                  |               | State:              | PA        |          |            | Zip Co               | <b>de:</b> 16  | 508-1        | 719     |                |              |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY        | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE-  | - 2. <b>X</b>    | 30 D/<br>PRIM |                     | POST-     | 3.       |            | AMENDMENT<br>REPORT? |                | Yes          | N       | 0              | $\checkmark$ |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION       | 4.          | 2ND FRIDA<br>ELECTION | Y PRE   | - 5.             | 30 D/<br>ELEC |                     | POST-     | POST- 6. |            |                      | ATION<br>?     | Yes          | N       | 0              | $\checkmark$ |
| report type)   | ANNUAL REPOR                      | <b>T</b> 7. | <b>Year</b> 2018      |         |                  |               | NG METHO<br>CHECK O |           |          |            | PAPER                |                | $\checkmark$ | DISK    | ETTE           |              |
| Name of Office S   | bought by Candid                  | ate:        |                       |         | •                | -             | DATE O              | )F ELE(   | СТІО     | N          | District<br>Number   | Office<br>Code | Par          | ty Code | e Cour<br>Code |              |
| REPRESENTATI   | VE IN THE GENE                    | ERAL ASS    | SEMBLY                |         |                  |               | мо                  | DAY       | YE       | AR         | 1                    | STH            | DEN          | 1       | 25             |              |
|  |                                   |             |                       |         |                  |               | 11                  |           | 6        | 2018       |                      | (SEE INS       | TRUCTI       | ONS FOR | CODES          | 5)           |
| Summary of<br>Expenditures   | Receipts and                      | мо          | DAY                   | YEAR    |                  |               | мо                  | DAY       |          | AR         | FC                   | OR OFFIC       | E USE        | ONLY    |                |              |
|  |                                   |             | 3 27                  | 20      | 018              | <b>`0</b>     | 4                   |           | 30       | 2018       |                      |                |              |         |                |              |
| A. Amount Brought Forward From Last Report \$ 7,689.61                     |                                   |             |                       |         |                  |               |                     |           |          |            |                      |                |              |         |                |              |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,454.18 |                                   |             |                       |         |                  |               |                     |           |          |            |                      |                |              |         |                |              |
| C. Total Funds Available (Sum Of Lines A and B) \$                         |                                   |             |                       |         |                  |               |                     |           | 9,1      | .43.79     |                      |                |              |         |                |              |
| D. Total Expenditures (From Schedule III)                                  |                                   |             |                       |         |                  | \$            |                     |           | 1,0      | 89.70      |                      |                |              |         |                |              |
| E. Ending Cash   | Balance (Subtra                   | ct Line D   | From Line             | C)      |                  | \$            |                     |           | 8,0      | 54.09      |                      |                |              |         |                |              |
| F. Value Of In-  | Kind Contributio                  | ns Receiv   | ed (From S            | chedu   | le II)           | \$            |                     |           |          | 0.00       | -                    |                |              |         |                |              |
| G. Unpaid Debt   | s And Obligation                  | s (From     | Schedule IV           | ')      |                  | \$            |                     |           |          | 0.00       |                      |                |              |         |                |              |
|  |                                   |             |                       | AFF     | IDAVI            | T SE          | CTION               |           |          |            |                      |                |              |         |                |              |
| PART I - If this is  |                                   |             | _                     |         |                  |               |                     |           |          | -          | -                    |                |              |         |                |              |
| I swear (or affirm)<br>correct and comple                                  | ) that this report, in<br>ete.    | cluding th  | e attached sc         | hedules | s filed on       | paper         | or by elect         | ronic m   | edium    | , are to f | the best o           | f my knov      | vledge       | and bel | ief , tr       | ue           |
| Sworn to and subs  | cribed before me th<br>day of<br> | nis         | 20                    |         |                  |               |                     |           | s        | ignature   | e of Perso           | n Submitt      | ing Rep      | oort    |                | _            |
|  | Signat                            | ture        |                       |         |                  | _             |                     |           |          |            | Prin                 | ted Name       |              |         |                | _            |
| My Commission Ex   | cpires                            |             |                       |         |                  | _             |                     |           |          |            | Ema                  | il             |              |         |                |              |
|  | МО                                | D           | AY                    | YR      |                  |               |                     | Are       | ea Cod   | e          | Daytin               | ne Teleph      | one Nu       | mber    |                |              |
| Part II- If this is  | a report of a ca                  | ndidate's   | authorized            | Comm    | nittee, C        | Candid        | late shall          | sign he   | ere.     |            |                      |                |              |         |                |              |
| I swear (or affirm)<br>No 320) as amende                                   | ed.                               |             | edge and beli         | ef this | political        | comm          | ittee has n         | iot viola | ted an   | y provis   | ions of th           | e act of Ju    | ine 3,1      | 937 (P. | L. 133         | 3,           |
| Sworn to and subsc   | ribed before me thi<br>day of     | S           | 20                    |         |                  |               |                     |           |          | s          | ignature (           | of Candida     | ite          |         |                |              |
|  |                                   |             |                       |         |                  | _             |                     |           |          |            | Printe               | ed Name        |              |         |                | -            |
| My Commission Exp  | Signature                         | 9           |                       |         |                  | _             |                     |           |          |            | Ema                  | il             |              |         |                | -            |
|  | мо                                | D           | AY                    | YR      |                  | -             |                     | Area      | Code     |            | D                    | aytime Te      | elephon      | e Num   | ber            | -            |

#### 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>3/27/2018</u> To: 4/30/2018 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) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 1,454.18 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,454.18 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 \$ 1,454.18 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 Candidat | te |  | Re  |           |      |      |    |            |
|--------------------------------------|----|--|-----|-----------|------|------|----|------------|
| Fr                                   |    |  | Fro | From: To: |      |      | :  |            |
|                                      |    |  |     |           | DATE |      |    | AMOUNT     |
| Full Name of Contributing Committee  |    |  |     | мо        | DAY  | YEAR |    |            |
| Mailing Address                      |    |  |     |           |      |      | \$ | 0.00       |
| City State Zip Code (Plus 4)         |    |  | 4)  |           |      |      |    |            |
|                                      |    |  |     |           |      |      | Γ  | PAGE TOTAL |

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

0.00

\$

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |  |  |  |    |           |      |    |            |  |
|---|--|--|--|----|-----------|------|----|------------|--|
| Name of Filing Committee or Candidate Reporting Period  |  |  |  |    |           |      |    |            |  |
| Fro   |  |  |  |    | 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.  |  |  |  |    |           |      | \$ | 0.00       |  |

#### PAGE 5

# 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<br>KOWALSKI   | O TREASURER SUSAN M.                       |                         | From:      | <u>3/2</u> | <u>7/2018</u> | <u>4/30/2018</u> |    |                               |
| DATE   |  |                         |            |            |               |                  | AN | IOUNT                         |
| Full Name of Contributing Co<br>THE COMMITTEE TO ELECT                       | мо   | DAY                     | YEAR       |            |               |                  |    |                               |
| Mailing Address 1903 WES   | Mailing Address 1903 WEST 8TH ST. PMB #235 |                         |            |            |               |                  | \$ | 1,454.18                      |
| City ERIE  | <b>State</b><br>PA                         | <b>Zip Cod</b><br>16505 | e (Plus 4) | 1          | 23            | 2018             |    |                               |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |  |                         |            |            |               |                  |    | <b>PAGE TOTAL</b><br>1,454.18 |

### 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   |      | AMOUNT   |          |  |
|---|---------|----|-----------------|------------|-------|------|----------|----------|--|
| Full Name of Contributor  |         |    |                 | мо         | DAY   | YEAR |          |          |  |
| Mailing<br>Address  | Address |    |                 |            |       |      | \$       | 0.00     |  |
| City  | State   | Zi | p Code (Plus 4) |            |       |      |          |          |  |
| Employer Name   |         |    |                 | Occupation |       |      |          |          |  |
| Employer Mailing Address/Principal Place of City<br>Business            |         |    |                 |            | State |      | Zip Code | (Plus 4) |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary 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  |      |    |         |      |
|---|-------|------------|---------|-----------|-----|------|----|---------|------|
|   |       |            | From:   | From: To: |     |      |    |         |      |
|   |       |            |         | D         | ATE |      |    | AMOUNT  | Г    |
| Full Name   |       |            |         | мо        | DAY | YEAR |    |         |      |
| Mailing Address   |       |            |         |           |     |      | \$ | 5       | 0.00 |
| City  | State | Zip Code ( | Plus 4) |           |     |      |    |         |      |
| Receipt Description   |       |            |         |           |     |      |    |         |      |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section  |       |            |         |           |     |      |    | PAGE TO | TAL  |
| inter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section |       |            |         |           |     |      | \$ |         | 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 | Period                      |                  |  |  |  |  |  |  |
|---|-----------|-----------------------------|------------------|--|--|--|--|--|--|
| FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI  | From:     | <u>3/27/2018</u> <b>To:</b> | <u>4/30/2018</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 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 (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 |           | r \$                        | 0.00             |  |  |  |  |  |  |

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate  |                              |                   | 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:   | Description of Contribution: |                   |           |          |      |        |       |  |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summar Section 2. |                              |                   |           |          | je,  | PAGE   | TOTAL |  |  |
|  |                              |                   |           |          | 4    | 6      | 0.00  |  |  |

0.00

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

| Name of Filing Committee or Candidate                                 |       |  |                  |   | Rep                        | oorting P | Period |                         |      |        |
|---|-------|--|------------------|---|----------------------------|-----------|--------|-------------------------|------|--------|
|   |       |  |                  |   | Fro                        | m:        |        | To:                     |      |        |
|   |       |  |                  |   |                            |           | DATE   |                         |      | AMOUNT |
| Full Name of Contributor  |       |  |                  |   |                            | мо        | DAY    | YEAR                    |      |        |
| Mailing Address   |       |  |                  |   |                            |           |        | \$                      | 0.00 |        |
| City  | State |  | Zip Code(Plus 4) |   |                            |           |        |                         |      |        |
| Employer of Contributor   |       |  |                  |   | Occupation                 |           |        |                         |      |        |
| Employer Mailing Address/Principal Place of<br>Business City          |       |  | State            |   | Zip Code(Plus Descri<br>4) |           |        | ription of Contribution |      |        |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det |       |  | taile            | d |                            |           |        | PAGE TOTAL              |      |        |

Summary Page, Section 3.

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate      |                   |                                   | Reporti  | ng Period   |           |         |                  |  |
|--|-------------------|-----------------------------------|--|---|-----------|---------|------------------|--|
| FRIENDS OF PAT HARKINS C/O TREAS           | URER SUSAN M. KOW | /ALSKI                            | From   | <u>3/2</u>  | 7/2018    | То:     | <u>4/30/2018</u> |  |
|  |                   |                                   |  | DATE  |           |         | AMOUNT           |  |
| To Whom Paid<br>MENTAL HEALTH ASSOCIATION  |                   |                                   | мо   | DAY   | YEAR      |         |                  |  |
| Mailing Address 1101 PEACH STREE           | Т                 |                                   | 1  | 30  | 2018      | \$      | 50.00            |  |
| City ERIE                                  | State<br>PA       | <b>Zip Code (Plus 4)</b><br>16501 |  | <b>Description of Expenditure</b><br>BENEFIT FOR WARMING CENTER |           |         |                  |  |
| To Whom Paid<br>SACRED HEART ALTAR SOCIETY |                   |                                   |  | DAY   | YEAR      |         |                  |  |
| Mailing Address 816 WEST 26TH ST.          |                   |                                   |  | 13  | 2018      | \$      | 170.00           |  |
| CityERIEStateZip Code (Plus 4)PA16502      |                   |                                   |  | Description of Expenditure<br>SPAGHETTI DINNER TICKETS          |           |         |                  |  |
| To Whom Paid<br>ERIE COUNTY BAR            |                   |                                   |  | DAY   | YEAR      |         |                  |  |
| Mailing Address 429 WEST 6TH ST            |                   |                                   | 2  | 13  | 2018      | \$      | 40.00            |  |
| City <sub>ERIE</sub>                       | State<br>PA       | <b>Zip Code (Plus 4)</b><br>16507 | Description of Expenditure<br>LAW DAY LUNCHEON |   |           |         |                  |  |
| <b>To Whom Paid</b><br>JFK CENTER          |                   |                                   | мо   | DAY   | YEAR      |         |                  |  |
| Mailing Address 2021 EAST 28TH ST          | -                 |                                   | 2  | 13  | 2018      | \$      | 100.00           |  |
| City <sub>ERIE</sub>                       | State<br>PA       | <b>Zip Code (Plus 4)</b><br>16510 | SEVEN  | otion of Exp<br>TH ANNUA<br>OOD DINN                            | L BLACK   | HISTORY | TRIVIA &         |  |
| To Whom Paid<br>EMMA'S FOOTPRINTS          |                   |                                   | мо   | DAY   | YEAR      |         |                  |  |
| Mailing Address 11515 LAY ROAD             |                   |                                   | 2  | 13  | 2018      | \$      | 200.00           |  |
| City EDINBORO                              | State<br>PA       | <b>Zip Code (Plus 4)</b><br>16412 |  | <b>otion of Exp</b><br>R GALA                                   | benditure | 1       |                  |  |

| To Whom Paid<br>SAM'S CLUB  |                    |          |                   | мо  | DAY         | YEAR      |            |          |
|---|--------------------|----------|-------------------|---|-------------|-----------|------------|----------|
| Mailing Address   | 7200 PEACH ST      |          |                   | 3   | 16          | 2018      | \$         | 149.70   |
| City ERIE   |                    | State    | Zip Code (Plus 4) | Descrip   | tion of Exp | oenditure |            |          |
|   |                    | РА       | 16509             | REIMBURSE PAT HARKINS CANDY FOR SAINT PATRICKS PARADE |             |           |            |          |
| To Whom Paid<br>ERIE ALUMNAE CHA  | APTER              |          |                   | мо  | DAY         | YEAR      |            |          |
| Mailing Address P.O. BOX 11301  |                    |          |                   |   | 16          | 2018      | \$         | 150.00   |
| City ERIE State Zip Code (Plus 4)                                       |                    |          |                   | Descrip   | tion of Exp | Denditure |            |          |
|   |                    | РА       | 16514             | PROGRAM AD  |             |           |            |          |
| To Whom Paid<br>ERIE CENTRAL LABO                                       | OR                 |          |                   | мо  | DAY         | YEAR      |            |          |
| Mailing Address   | 32 WEST 8TH ST. SI | JITE 104 |                   | 3   | 16          | 2018      | \$         | 230.00   |
| City <sub>ERIE</sub>  |                    | State    | Zip Code (Plus 4) | Descrip   | tion of Exp | Denditure |            |          |
|   |                    | РА       | 16501             | BANQUET TICKET & amp; PROGRAM AD                      |             |           |            |          |
|   |                    |          |                   |   |             |           | PAGE TOTAL |          |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |          |                   | •   |             |           | \$         | 1,089.70 |