# **Campaign Finance Report**

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

					-		-								100	NICT		
Filer Identificati Number :	ion	2005299	)			Repo Filed		CA	ANDI	DATE		СОМ	<b>1ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Ca	ndidate	or Lob	byist:		FRIEN	DS OF	PAT	HAR	KINS (	С/О Т	REASU	RER SU	SAN M. F	KOWA	LSKI		
Street Address:	2805 SCI	HLEY ST	•										-					
City:	ERIE							Stat	e:	PA			<b>Zip Code:</b> 16508-1719					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY			ND FRIDA RIMARY	Y PRE-	- 2.	30 D PRIM	DAY 1ARY	F	POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	Ν	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION			ND FRIDA	Y PRE	- 5.	30 D ELEC	DAY CTION	P	POST-	6.		TERMIN REPORT		Yes	N	0	$\checkmark$
report type)	ANNUAL REP	<b>PORT</b> 7.	Y	<b>'ear</b> 2018				FILING METHOD I () CHECK ONE				PAPER	$\checkmark$	DISK	ETTE			
Name of Office S	L Sought by Can	didate:						DAT	ΓΕ Ο	F ELE	стіо	N	District Number	Office Code	Par	ty Cod	e Cour Code	
								мо		DAY	YE	AR	1	STH	DEN	1	25	
REPRESENTATI	IVE IN THE G	ENERAL	ASSER	MBLY					11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		nd M	0	DAY	YEAR	2		мо		DAY	YI	AR	FC	R OFFIC	E USE	ONLY	,	
Expenditures	s from:		5	5 1	20	018	ГО		6		4	2018						
A. Amount Bro	mount Brought Forward From Last Report \$ 8,054.0							)54.09										
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I) \$								0.00									
C. Total Funds Available (Sum Of Lines A and B)							5	\$			8,0	)54.09						
D. Total Expen	ditures (From	Schedu	le III)				9	\$			ç	37.00						
E. Ending Cash	Balance (Sub	otract Lir	ne D Fr	rom Line	C)			\$			7,1	17.09	-					
F. Value Of In-	Kind Contribu	itions Re	ceived	l (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Debt	ts And Obligat	tions (Fr	om Scl	hedule IV	')		9	\$				0.00		,				
					AFF	IDAV	IT SI	ECTI	ON									
PART I - If this is				-									•					
I swear (or affirm) correct and comple		t, includir	ng the a	ttached sc	hedules	s filed or	ı papeı	r or by	electi	ronic m	edium	, are to i	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	day of	ne this	2	20							S	ignature	e of Perso	n Submitt	ing Rep	oort		_
	Sig	gnature					_						Prin	ted Name				_
My Commission E	xpires						_						Ema	il				
	МО		DAY	,	YR					Ar	ea Coc	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candida	ite's ai	uthorized	Comm	nittee,	Candi	date s	hall	sign h	ere.							
	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 subso	cribed before me day of	e this	-									s	ignature	of Candida	ite			-
			2	20									Printe	d Name				-
	. Signa	ture					_						Ema					_
My Commission Exp	bires												c ma	••				
	M	0	DAY	,	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>5/1/2018</u> **To:** 6/4/2018 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidat	e		Reporting Period					
	Fr			From: To:			•	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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			orting P	eriod				
			Fro	m:		Тс	):		
					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	

# 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 Candic	late		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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 I	Period	
	From:		То:
		DATE	AMOUNT

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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 C	andidate		Reporting Period						
			From: To						
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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>5/1/2018</u> <b>то:</b>	<u>6/4/2018</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, 3		\$	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:			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 Detai Section 2.				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 Candida	lame of Filing Committee or Candidate				Reporting Period					
					From: To:					
							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	tion	1	1	
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G on S Summary Page, Section 3.	chedule II,	, In-Kind	Contributi	ions De	etaile	ed				<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period				
FRIENDS OF PAT	HARKINS C/O TREAS	URER SUSAN M. KOW	/ALSKI	From	<u>5/</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>	
					DATE			AMOUNT	
To Whom Paid HOLY TRINITY RC	CHURCH ZABAWA			мо	DAY	YEAR			
Mailing Address	2220 REED ST.			5	1	2018	\$	200.00	
City ERIE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16503	<b>Descrip</b> PROGR	ntion of Exp AM AD	penditure	1		
To Whom Paid ECBU ALL STAR C	COMMITTEE (LOU RUS	SELL)		мо	DAY	YEAR			
Mailing Address	5102 LARAE DRIVE			5	5 1 2018 <b>4</b>			250.00	
City ERIE	State Zip Code (Plus 4   PA 16506				Description of Expenditure PROGRAM AD				
To Whom Paid LAKE ERIE FANFA	RE PROGRAM			мо	DAY	YEAR			
Mailing Address	909 EAST 35TH ST.			5	1	2018	\$	95.00	
City ERIE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 165041827	<b>Descrip</b> PROGR	tion of Exp AM AD	penditure	1		
To Whom Paid HOLY TRINITY US	SHERS SOCIETY			мо	DAY	YEAR			
Mailing Address	2220 REED ST.			5	1	2018	\$	50.00	
City ERIE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16503		etion of Exp ECTION PF			THER	
To Whom Paid P.J. DIPAOLO MEMORIAL SCHOLARSHIP FUND INC.		мо	DAY	YEAR					
Mailing Address P.O. BOX 3073		5	1	2018	\$	150.00			
City <sub>ERIE</sub>		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16508		otion of Exp SPONSOR N ET			ARSHIP	

Fo Whom Paid ERIE CENTRAL LABOR				DAY	YEAR			
Mailing Address 32 WEST 8TH ST. SUITE 104				17	2018	\$	30.00	
City <sub>ERIE</sub>	State	Zip Code (Plus 4)	Description of Expenditure					
PA 16501				BANQUET TICKET REIMBURSE PAT HARKINS				
To Whom Paid WALMART				DAY	YEAR			
Mailing Address 5350 WEST RIDGE	ROAD		5	17	2018	\$	162.00	
City <sub>ERIE</sub>	State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure			
PA 16506 GIFT CARDS-PRIZES FOR REIMBURSE PAT HARKINS							LY CONTEST	
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Re	port Cover Page, Item D	•			\$	937.00	