### **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		CA	NDII	DATE		COMM	4ITTEE	<b>/</b>	LOB	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyis	st:	F	FRIEN	DS OF	PAT I	IARI	KINS (	C/O 1	REASU	RER SU	SAN M.	KOWA	LSKI		
Street Address:	3224	COLONIA	AL AVE.																
City:	ERIE -								State	e:	PA			Zip Co	de: 16	506			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		AY 1ARY	Р	OST-	3.		AMENDN REPORT		Yes	N	0	<b>/</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND I	FRIDAY TION	' PRE	- 5.	30 D ELEC	AY	Р	OST-	6.		TERMINA REPORT		Yes	N	0	<b>\</b>
report type)	ANNUAL REPORT 7. Year 2020 FILING METHOD ( ) CHECK ONE											<b>\</b>	DISK	ETTE					
Name of Office S	- Sought by	Candidat	:e:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Cour	
									МО		DAY	Y	EAR	1	STH	DE	М	25	
REPRESENTATI	VE IN TH	E GENER	AL ASS	EMBL	Y					11		3	2020		(SEE IN	STRUCT	ONS FOR	CODES	)
Summary of	•	and	МО	DA	Y	YEAR			МО		DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:			3	10	20	)20	ТО		5		18	2020						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$	5			9,	480.68						
B. Total Moneta	ary Contri	ibutions A	And Rec	eipts	(From	Sched	lule I)	9	\$			9,	960.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 19,440.68																			
D. Total Expend	ditures (F	rom Sche	edule II	I)				9	\$			7,	120.00						
E. Ending Cash	Balance	(Subtract	Line D	From	Line C	<b>:</b> )		9	\$			12,3	320.68						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fr	om Sc	hedul	e II)	9	<b>5</b>				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	ched	ule IV)	)		9	<b>5</b>				0.00			'			
						AFF:	[DAV	IT SE	CTI	NC									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer	sign h	ere. I	f this	is a Ca	ndida	te re	port, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attacl	hed sch	edules	filed o	n papei	or by	electr	onic m	ediun	ı, are to t	he best o	f my knov	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20								:	Signature	of Perso	n Submitt	ing Re	port		
				-				_						Prin	ted Name	<u> </u>			_
My Commission Ex	cpires	Signatur	e											Ema	il				-
	•	мо	DA	AY		YR		_		,	Are	ea Co	de		ie Teleph	one Nu	ımber		_
Part II- If this is	a report	of a cand	lidate's	autho	rized (	Comm	ittee,	Candi	date si	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge ar	nd belie	f this	politica	l comr	nittee h	as no	ot viola	ted aı	ny provis	ions of th	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		e me this											s	ignature (	of Candida	ate			-
	day of —			20 -				_						Printe	ed Name				_
	9	Signature						_						Finite	.a maine				_
My Commission Exp		J								•				Ema	il				_
	_	мо	D	ΑΥ		YR		_			Area	Code		D	aytime T	elepho	ne Numi	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:	<u>3/10/202</u>	<u>:0</u> To:	5/18/2020
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)			\$	7,100.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	7,100.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
			1	_
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			\$	9,100.00

#### 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 Candidate		Re	eporting I	Period				
FRIENDS OF PAT HARKINS C/O TREA	ASURER SUSAN M. KC	OWALSKI	Fr	om:	3/10/20	) <u>20</u> <b>To</b>	:	5/18/2020
					DATE			AMOUNT
Full Name of Contributing Committee FIRST ENERGY P A C				МО	DAY	YEAR		
Mailing Address 76 S. MAIN ST.							\$	250.00
City AKRON	State OH	<b>Zip Code (Plus</b> 443081890	4)	3	4	2020		
Full Name of Contributing Committee GMEREK GOV. RELATIONS INC PAC				МО	DAY	YEAR		
Mailing Address 212 LOCUST ST	SUITE 300						\$	250.00
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 17101	4)	3	4	2020		
Full Name of Contributing Committee ASSOCIATION OF PA STATE COLLEGE	& UN. FAC.			МО	DAY	YEAR		
Mailing Address 319 N. FOREST S	Т						\$	250.00
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 17101	4)	3	4	2020		
Full Name of Contributing Committee PA BANKERS POL. AFFAIRS COM.				МО	DAY	YEAR		
Mailing Address 3897 NORTH FRO	NT ST.						\$	250.00
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 17110	4)	3	4	2020		
Full Name of Contributing Committee PA PROPANE GAS ASSOC PAC				МО	DAY	YEAR		
Mailing Address 908 N. SECOND 9	ST						\$	250.00
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 17102	4)	3	23	2020		

Full Name of Contributing Committee HIGHMARK PAC			МО	DAY	YEAR	
Mailing Address 1800 CENTER ST						<b>\$</b> 250.00
City CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 170890089	3	23	2020	
Full Name of Contributing Committee BOWL PAC			МО	DAY	YEAR	
Mailing Address 200 N THIRD ST	STE 1500					<b>\$</b> 250.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	4	11	2020	
Full Name of Contributing Committee OTOLARYNGOLOGY PAC			МО	DAY	YEAR	
Mailing Address 200 N THIRD ST.	SUITE 1500					<b>\$</b> 250.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				

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

**PAGE TOTAL \$** 2,000.00

### 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 Filling Committee of Candidate			Reporting Period					
			Fro	m:		To	):	
					DATE		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**

Name of Filing Committee or Candidate

**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.

**Reporting Period** 

FRIENDS OF PAT HARKINS C/O TREASU KOWALSKI	RER SUSAN M.		From:	<u>3/1</u>	<u>0/2020</u>	То:	5/18/2020	
				DA	TE		AMOUNT	
<b>Full Name of Contributing Committee</b> 1776 PAC				МО	DAY	YEAR		
Mailing Address 3031 A. WALTON RD	STE 201						<b>\$</b> 500	0.00
City PLYMOUTH MEETING	<b>State</b> PA	<b>Zip Code</b> 19462	e (Plus 4)	3	4	2020		
Full Name of Contributing Committee PA AUTOMOTIVE ASSOCIATION			МО	DAY	YEAR			
Mailing Address 1925 N. FRONT ST.  City HARRISBURG	P.O. BOX 2955	Zip Code	e (Plus 4)	3	4	2020	\$ 500	0.00
City HARRISBURG	PA	17105						
Full Name of Contributing Committee PA SOCIETY OF ANESTHESIOLOGIST PA	AC			МО	DAY	YEAR		
Mailing Address 1400 N. PROVIDENCE	E RD BUILDING 2 SU	ITE 1040	)				\$ 500	0.00
City MEDIA	<b>State</b> PA	<b>Zip Code</b> 19063	e (Plus 4)	3	23	2020		
Full Name of Contributing Committee NFG PA PAC				мо	DAY	YEAR		
Mailing Address 1100 STATE ST				3	23	2020	\$ 500	0.00
City ERIE	<b>State</b> PA	<b>Zip Code</b> 16501	e (Plus 4)	3	23	2020		
Full Name of Contributing Committee PSCOA PAC				МО	DAY	YEAR		
Mailing Address 2421 NORTH FRONT	ST.						<b>\$</b> 500	0.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code</b> 17110	e (Plus 4)	3	23	2020		

					PAGE /
Full Name of Contributing Committee				V=45	
POLITICAL LABOR ACTION - NOW P.L.A.N		МО	DAY	YEAR	
Mailing Address 904 N. 2ND ST					<b>\$</b> 1,000.00
City HARRISBURG State	Zip Code (Plus 4)	3	23	2020	
PA	17102				
Full Name of Contributing Committee		мо	DAY	YEAR	
PAC PA BAR ASSOC.					
Mailing Address 100 SOUTH ST P.O. BOX 18	6				\$ 500.00
City HARRISBURG State	Zip Code (Plus 4)	3	26	2020	
PA	17108				
Full Name of Contributing Committee FASCME COUNCIL 13 POLITICAL & DEGIS	ATIVE	МО	DAY	YEAR	
Mailing Address 4031 EXECUTIVE PARK DRIV	E	_			<b>\$</b> 500.00
City HARRISBURG State	Zip Code (Plus 4)	3	26	2020	
PA	171111507				
Full Name of Contributing Committee PA TRUCK PAC	171111507	МО	DAY	YEAR	
Full Name of Contributing Committee	171111507	МО	DAY		\$ 300.00
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE	171111507   Zip Code (Plus 4)	<b>MO</b> 4	<b>DAY</b> 11	<b>YEAR</b> 2020	\$ 300.00
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE					\$ 300.00
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  State	Zip Code (Plus 4)				\$ 300.00
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL State PA  Full Name of Contributing Committee	<b>Zip Code (Plus 4)</b> 17011	4	11	2020 YEAR	\$ 300.00 \$ 300.00
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  Full Name of Contributing Committee PA EMERGENCY PHYSICIANS	<b>Zip Code (Plus 4)</b> 17011	4	11	2020	
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  Full Name of Contributing Committee PA EMERGENCY PHYSICIANS  Mailing Address 200 N THIRD ST SUITE 150	Zip Code (Plus 4) 17011	4	11	2020 YEAR	
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  Full Name of Contributing Committee PA EMERGENCY PHYSICIANS  Mailing Address 200 N THIRD ST SUITE 150  City HARRISBURG  State	Zip Code (Plus 4)   17011	4	11	2020 YEAR	
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  Full Name of Contributing Committee PA EMERGENCY PHYSICIANS  Mailing Address 200 N THIRD ST SUITE 150  City HARRISBURG  Full Name of Contributing Committee	Zip Code (Plus 4) 17011  Zip Code (Plus 4) 17101	4 MO	11 DAY	2020 YEAR 2020	
Full Name of Contributing Committee PA TRUCK PAC  Mailing Address 910 LINDA LANE  City CAMP HILL  Full Name of Contributing Committee PA EMERGENCY PHYSICIANS  Mailing Address 200 N THIRD ST SUITE 150  City HARRISBURG  Full Name of Contributing Committee PA OPHTHALMOLOGY PAC	Zip Code (Plus 4) 17011  Zip Code (Plus 4) 17101	4 MO	11 DAY	2020 YEAR 2020	\$ 300.00

Full Name of Contributing Committee MALADY & DOTEN PAC			МО	DAY	YEAR	
Mailing Address 604 N 3RD ST						\$ 1,000.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011114	5	8	2020	
Full Name of Contributing Committee LAW PAC			МО	DAY	YEAR	
	ST SUITE 101		<b>MO</b>	DAY 11	<b>YEAR</b> 2020	\$ 500.00

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

**PAGE TOTAL \$** 7,100.00

### 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			Rep	orting Pe	riod			
			Fror	n:		To	То:	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	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:	3/10/2020 <b>To:</b>	5/18/2020
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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candida	ate		Reporting	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 So	chedule II In-Vir	nd Contributions Deta	iled Sum	mary Pag			DACE TOTAL	
Section 2.	iledule 11, 111-Kii	id Contributions Deta	neu Sum	illial y Pag	, je,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate			Reporting Period							
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
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				<b>PAGE TOTAL</b> 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	3/10/2020	То:	5/18/2020		

				DATE		AMOUNT		
<b>To Whom Paid</b> BOB MERSKI			мо	DAY	YEAR			
Mailing Address 625 JAMES	5 PLACE		1	29	2020	\$	50.00	
City ERIE	State         Zip Code (Plus 4)           PA         16509				penditure ESS			
To Whom Paid KAREN MOSKI			МО	DAY	YEAR			
Mailing Address 480 MOOR	HEADVILLE RD		1	29	2020	\$	150.00	
City NORTH EAST	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16428	1	otion of Exp				
To Whom Paid GEM CITY LODGE # 328			МО	DAY	YEAR			
Mailing Address 126 EAST	11TH ST		2	4	2020	\$	50.00	
City ERIE	State Zip Code (Plus 4) PA 16501				penditure			
To Whom Paid DELTA SIGMAN THETA SORO	RITY INC		МО	DAY	YEAR			
Mailing Address P.O. BOX	11301		3	4	2020	\$	150.00	
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16514	<b>Descrip</b> PROGR	otion of Exp	penditure			
To Whom Paid ERIE-CRAWFORD COMMUNIT	Y SERVICE COMMITTEE		МО	DAY	YEAR			
Mailing Address 32 WEST 8	BTH ST. SUITE 604		3	4	2020	\$	260.00	
City ERIE	State PA	<b>Zip Code (Plus 4)</b> 16501	PROGR	ition of Exp AM AD LAE /ATION			NER	

								PAGE	15
To Whom Paid SISTERS OF SAI	NT JOSEPH			МО	DAY	YEAR			
Mailing Address	425 WEST 18TH ST			3	4	2020	\$		120.00
City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	16502		CKETS FO		THAT	TUNE	
<b>To Whom Paid</b> ERIE COUNTY FE	EDERATION OF CLUBS			МО	DAY	YEAR			
Mailing Address	2212 GREENGARDE	N RD		3	4	2020	\$		125.00
City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	16502	PROGR					
<b>To Whom Paid</b> HOLY TRINITY U	SHERS			МО	DAY	YEAR			
Mailing Address	2220 REED ST.			3	23	2020	\$		50.00
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure					
PA			16503	5 TICKETS TO GUY & DOLLS EVENT					
To Whom Paid HOUSE DEMOCR	ATIC CAMPAIGN COM.			мо	DAY	YEAR			
Mailing Address	205 STATE ST.			5	7	2020	\$		5,000.00
<b></b>		State	Zip Code (Plus 4)				\$		5,000.00
		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	Descrip	7 Otion of Exp	enditure	-		5,000.00
<b></b>				Descrip	otion of Exp	enditure	-		5,000.00
City HARRISE				<b>Descrip</b> CAMPA	otion of Exp	penditure RIBUTION	-		5,000.00
City HARRISE  To Whom Paid JULIE SLOMSKI  Mailing Address	BURG			Descrip CAMPA	DAY	year 2020	N		
City HARRISE  To Whom Paid  JULIE SLOMSKI  Mailing Address	BURG	PA	17101	Descrip CAMPA MO 5	IGN CONTI	Penditure RIBUTION YEAR 2020 Penditure	\$		
City HARRISE  To Whom Paid JULIE SLOMSKI  Mailing Address	SURG 5510 MILL STREET	PA	17101  Zip Code (Plus 4)	Descrip CAMPA MO 5	DAY  11  ption of Exp	Penditure RIBUTION YEAR 2020 Penditure	\$		
To Whom Paid JULIE SLOMSKI Mailing Address City ERIE	SURG 5510 MILL STREET	State PA	17101  Zip Code (Plus 4)	MO  5  Descrip CAMPA	DAY  11  btion of Exp  IGN CONTI	yEAR  2020  penditure RIBUTION	\$		
To Whom Paid JULIE SLOMSKI Mailing Address City ERIE To Whom Paid NORTHWEST SA	5510 MILL STREET  VINGS BANK	State PA	17101  Zip Code (Plus 4)	MO  5  Descrip CAMPA  MO  5	DAY  11  btion of Exp IGN CONTI	YEAR  2020  Denditure RIBUTION  YEAR  2020  YEAR  2020	\$		1,000.00

						17.02 10	
To Whom Paid PATRICK J. DIPAOLO MEMORIAL SCHOLARSHIP			мо	DAY	YEAR		
Mailing Address P.O. BOX 3073			5	15	2020	\$ 100.00	
City ERIE	<b>State</b> PA	Zip Code (Plus 4) Description of Expenditure HOLE SPONSOR FOR MEM				RIAL GOLF CLASSIC	
Enter Grand Total of Expenditur	es on Page 1, Re	port Cover Page, Item D.				\$ <b>PAGE TOTAL</b> 7,070.00	