### **Campaign Finance Report**

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

Filer Identification 2005299 Number :						Rep File			CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOBE	YIST		
Name of Filing C	Committee	e, Candid	ate or Lo	obbyist:		FRIE	ND:	S OF	PAT HAR	KINS (	C/O T	REASU	RER SUS	SAN M.	KOWAI	SKI		
Street Address:	3224	COLONI	AL AVE															
City:	ERIE						State: PA						<b>Zip Code:</b> 16506					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRID PRIMARY	AY PRE	- 2	2.	30 DA PRIMA		POST-	OST- 3. <b>X</b>			1ENT ?	Yes	No	<b>~</b>	
(place X to the right of	6TH TUES PRE-ELEC		4.		2ND FRIDAY PRE- 5. 30 DAY POST- 6. ELECTION						POST- 6. TERMINATIC REPORT?				Yes	No	<b>~</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 202	0		FILING METHOD ( ) CHECK ONE						PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	- Sought by	Candidat	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code	
REPRESENTATI	VE IN TH	E GENER	ΔΙ ΔSS	EMRI Y					МО	DAY	YE	AR	1	STH	DEM		25	
11										3	2020		(SEE IN	STRUCTIO	NS FOR C	ODES)		
Summary of Expenditures		and	МО	DAY	YEAF		_	^	МО	DAY		AR	FO	R OFFI	CE USE	ONLY		
•				5 1	9 2	020	Т	<del>-</del>	6	4	22	2020	ļ					
A. Amount Bro	ught Forw	vard Fron	n Last R	eport				\$				320.68						
B. Total Monet	ary Contri	ibutions <i>l</i>	And Rec	eipts (Fro	m Sche	dule	I)	\$			3,6	575.00						
C. Total Funds		-		-				\$				95.68						
D. Total Expen	ditures (F	rom Sche	edule III	[)				\$			1,0	03.00						
E. Ending Cash	Balance (	(Subtract	Line D	From Line	e C)			\$			14,9	92.68						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From	Schedu	le II	)	\$				0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule 1	V)			\$				0.00			'			
					AFF	IDA	VI	T SE	CTION									
PART I - If this is		-	-	_						-		_						
I swear (or affirm) correct and comple		eport, incl	uding the	attached s	chedule	s filed	l on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	scribed befo	ore me this		20							S	ignature	of Perso	n Submit	ting Rep	ort		
				_				- -					Prin	ted Name	e			
My Commission Ex	kpires	Signatu	re										Ema	il				
	ī	мо	D/	AY	YR			-		Are	ea Cod	le		e Telepi	none Nui	nber		
Part II- If this is	a report	of a cand	lidate's	authorize	d Comr	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and be	lief this	s polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	37 (P.L.	. 1333,	
Sworn to and subsc	ribed befor	e me this										Si	ignature o	of Candid	ate			
	day of							_					Deint	d Name				
	-	Signature						-					Printe	d Name				
My Commission Exp		g.iacui e											Ema	il				
	_	МО	D/	AY	YF	2		•		Area	Code		Da	aytime T	elephon	e Numbe	er	

# 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>5/19/202</u>	<u>0</u> To:	6/22/2020
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)			\$	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)			\$	3,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	3,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	175.00
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	d enter am ge, Item B.	ount )	\$	3,675.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<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 or Candidate  Fr					eriod	To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

**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	FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M.  From:				<u>9/2020</u>	То:	6/22/2020		
				DA	TE		AMOUI	NT	
Full Name of Contributing Committee  DUANE MORRIS LLP GOV. COM. STATE	& LOCAL			МО	DAY	YEAR			
Mailing Address 30 SOUTH 17TH ST.							\$	500.00	
City PHILADELPHIA	<b>State</b> PA	Zip Code (Plus 19103	5 4)	6	4	2020			
Full Name of Contributing Committee PENN OSTEOPATHIC MED PAC				МО	DAY	YEAR			
Mailing Address 1330 EISENHOWER I	BLVD <b>State</b>	Zip Code (Plus	. 4)	6	4	2020	\$	1,000.00	
<b>City</b> HARRISBURG	PA	171112319	, ,						
Full Name of Contributing Committee PLUMBERS LOCAL UNION NO. 27 PAC				МО	DAY	YEAR			
Mailing Address 1040 MONTOUR WES	ST INDUSTRIAL PARK						\$	1,000.00	
City CORAOPOLIS	<b>State</b> PA	Zip Code (Plus 15108	5 4)	6	4	2020			
Full Name of Contributing Committee PSEA PACE				МО	DAY	YEAR			
Mailing Address 400 NORTH THIRD S	T. P.O. BOX 1724						\$	1,000.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus</b> 171051724	5 4)	6	4	2020			
Enter Grand Total of Dart Con School	lula I Datailad Sum	ımarıı Dage S	ostic :	- 2			PAC	GE TOTAL	

3,500.00

### 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				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	<b>GE TOTAL</b> 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	Name of Filing Committee or Candidate Reportin							
FRIENDS OF PAT HARKINS C/O TREASU	JRER SUSAN M. KOW.	ALSKI	From:		5/19/202	<u>0</u> To:	6/22/2020	
				D	ATE		AMOUNT	
Full Name  ERIE COUNTY FEDERATION OF CLUBS				МО	DAY	YEAR		
Mailing Address 2212 GREENGARDER	N ROAD						<b>\$</b>	125.00
City ERIE	<b>State</b> PA	<b>Zip Code (</b> 1 16502	Plus 4)	6	17	2020		
Receipt Description PROGRAM AD E	EVENT CANCELLED							
Full Name HOLY TRINITY USHERS				МО	DAY	YEAR		
Mailing Address 2220 REED STREET							\$	50.00
City ERIE	<b>State</b> PA	<b>Zip Code (</b> 1 16503219	-	6	17	2020		
Receipt Description GUYS & amp; D	OLLS EVENT 5 TICKE	TS EVENT C	CANCELLE	D				

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

**PAGE TOTAL \$**175.00

#### **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	İ	
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>5/19/2020</u> <b>To:</b>	6/22/2020
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candid	lame of Filing Committee or Candidate Re						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	ле 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 Candidat	Name of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	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	taile	ed				PAGE TOTAL 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	5/19/2020	То:	6/22/2020			

				DATE			AMOUNT
To Whom Paid FRIENDS OF SCOTT CONKLIN			мо	DAY	YEAR		
Mailing Address 339 KEPP RD			5	24	2020	\$	1,000.00
City PHILIPSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16866	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid NORTHWEST BANK			МО	DAY	YEAR		
Mailing Address 2863 WEST 26TH ST			5	18	2020	\$	3.00
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506	Description of Expenditure PAPER FEE				
Futor Cuand Tatal of Funanditure	D 1 . D.	anant Cavar Basa Itana B					PAGE TOTAL
Enter Grand Total of Expenditure	s on Page 1, Re	eport Cover Page, Item D	•			\$	1,003.00