

Campaign Finance Report

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

Filer Identification Number : 2005299		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI											
Street Address:											
City: ERIE				State: PA		Zip Code: 16506					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	1	STH	DEM	25
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	20	2020		11	23	2020			
A. Amount Brought Forward From Last Report					\$		14,156.35				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		11,300.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		25,456.35				
D. Total Expenditures (From Schedule III)					\$		6.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		25,450.35				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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>10/20/2020</u> To: <u>11/23/2020</u>

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)	\$ 9,300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 9,300.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 11,300.00
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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				Reporting Period			
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI				From: <u>10/20/2020</u> To: <u>11/23/2020</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
AFSCME COUNCIL 13 POLITICAL & LEG.			11	10	2020	
Mailing Address	City	State				
	HARRISBURG	PA	Zip Code (Plus 4)			
			171111507			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
HIGHMARK PAC			11	5	2020	
Mailing Address	City	State				
	CAMP HILL	PA	Zip Code (Plus 4)			
			170890089			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
FIRST ENERGY PAC			11	5	2020	
Mailing Address	City	State				
	AKRON	OH	Zip Code (Plus 4)			
			443081890			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA FRATERNAL ORDER OF POLICE PAC			11	5	2020	
Mailing Address	City	State				
	MECHANICSBURG	PA	Zip Code (Plus 4)			
			17055			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
CRISCI ASSOCIATES PAC			11	5	2020	
Mailing Address	City	State				
	HARRISBURG	PA	Zip Code (Plus 4)			
			17101			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
ERIE MANAGEMENT GROUP LLC PAC			11	5	2020	
Mailing Address	City	State				
	ERIE	PA	Zip Code (Plus 4)			
			16511			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
VERIZON COMMUNICATIONS INC			11	5	2020	
Mailing Address	City	State				
	HARRISBURG	PA	Zip Code (Plus 4)			
			17101			

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PENNSYLVANIA COAL PAC						
Mailing Address			11	5	2020	
City	HARRISBURG	State PA				Zip Code (Plus 4) 171011505

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

PAGE TOTAL
\$ 2,000.00

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
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PA TRUCK PAC				11	5	2020	
Mailing Address							
City	CAMP HILL	State	PA	Zip Code (Plus 4)		17011	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
DUANE MORRIS LLP GOV. COM STATE & LOCAL FUND				11	5	2020	
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		19103	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PENNSYLVANIA AFL-CIO COPE				11	5	2020	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
ABBOTT LAB EMPLOYEE PAC				11	5	2020	
Mailing Address							
City	ABBOTT PARK	State	IL	Zip Code (Plus 4)		600646001	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PAA - PAC				11	5	2020	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17105	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
IRONWORKERS PAC				11	5	2020	
Mailing Address							
City	WASHINGTON	State	DC	Zip Code (Plus 4)		20006	

Full Name of Contributing Committee PA ORTHOPAEDIC SOCIETY PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee THE LH PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			11	5	2020	
City ERIE	State PA	Zip Code (Plus 4) 16509				
Full Name of Contributing Committee TROOPERS ASSOCIATION PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee POLITICAL LABOR ACTION - NOW			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributing Committee SEIU HEALTHCARE PH COPE			MO	DAY	YEAR	\$ 2,500.00
Mailing Address			11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				

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

PAGE TOTAL
\$ 9,300.00

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	Reporting Period From: To:
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			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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>10/20/2020</u> To: <u>11/23/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						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 <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NORTHWEST SAVINGS				
Mailing Address	11	5	2020	\$ 3.00
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure	
			PAPER STATEMENT FEE	
To Whom Paid	MO	DAY	YEAR	
NORTHWEST SAVINGS				
Mailing Address	11	15	2020	\$ 3.00
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure	
			PAPER STATEMENT FEE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 6.00

