

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: 3224 COLONIAL AVE										
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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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 PENNSYLVANIA COAL PAC			MO	DAY	YEAR	\$ 250.00	
Mailing Address 212 N 3RD ST STE 102			11	5	2020		
City HARRISBURG	State PA	Zip Code (Plus 4) 171011505					
Full Name of Contributing Committee VERIZON COMMUNICATIONS INC			MO	DAY	YEAR	\$ 250.00	
Mailing Address 417 WALNUT ST. 1ST FLOOR			11	5	2020		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee ERIE MANAGEMENT GROUP LLC PAC			MO	DAY	YEAR	\$ 250.00	
Mailing Address 1540 EAST LAKE RD STE 300			11	5	2020		
City ERIE	State PA	Zip Code (Plus 4) 16511					
Full Name of Contributing Committee CRISCI ASSOCIATES PAC			MO	DAY	YEAR	\$ 250.00	
Mailing Address 204 STATE STREET			11	5	2020		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PA FRATERNAL ORDER OF POLICE PAC			MO	DAY	YEAR	\$ 250.00	
Mailing Address P.O. BOX 898			11	5	2020		
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055					

Full Name of Contributing Committee FIRST ENERGY PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 76 S. MAIN ST			11	5	2020	
City AKRON	State OH	Zip Code (Plus 4) 443081890				
Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST			11	5	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 170890089				
Full Name of Contributing Committee AFSCME COUNCIL 13 POLITICAL & LEG.			MO	DAY	YEAR	\$ 250.00
Mailing Address 4031 EXECUTIVE PARK DRIVE			11	10	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 171111507				

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

PAGE TOTAL
\$ 2,000.00

**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 Candidate	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	\$ 0.00		
Mailing Address						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)			
City	State	Zip Code (Plus 4)				

PAGE TOTAL
\$ 0.00

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

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 FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR		
PA TRUCK PAC					
Mailing Address 910 LINDA LANE				11	5 2020
City CAMP HILL	State	Zip Code (Plus 4)			
	PA	17011			
					\$ 300.00
Full Name of Contributing Committee	MO	DAY	YEAR		
DUANE MORRIS LLP GOV. COM STATE & LOCAL FUND					
Mailing Address 30 SOUTH 17TH ST				11	5 2020
City PHILADELPHIA	State	Zip Code (Plus 4)			
	PA	19103			
					\$ 500.00
Full Name of Contributing Committee	MO	DAY	YEAR		
PENNSYLVANIA AFL-CIO COPE					
Mailing Address 600 NORTH SECOND STREET				11	5 2020
City HARRISBURG	State	Zip Code (Plus 4)			
	PA	17101			
					\$ 500.00
Full Name of Contributing Committee	MO	DAY	YEAR		
ABBOTT LAB EMPLOYEE PAC					
Mailing Address 100 ABBOTT PARK ROAD				11	5 2020
City ABBOTT PARK	State	Zip Code (Plus 4)			
	IL	600646001			
					\$ 500.00
Full Name of Contributing Committee	MO	DAY	YEAR		
PAA - PAC					
Mailing Address 1925 N FRONT ST PO BOX 2955				11	5 2020
City HARRISBURG	State	Zip Code (Plus 4)			
	PA	17105			
					\$ 500.00

Full Name of Contributing Committee IRONWORKERS PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1750 NEW YORK AVE. N.W.			11	5	2020	
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 415 MARKET ST. SUITE 210			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 1238 ST. MARY'S DRIVE			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 3625 VARTAN WAY			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 904 N 2ND ST.			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 1500 N 2ND ST SUITE 12			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 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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	Reporting Period 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	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 0.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>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.)</p>	<p style="text-align: right;">\$ 0.00</p>

**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:

	DATE			AMOUNT
Full Name of Contributor	MO	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 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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	11	5	2020	\$	3.00
Mailing Address 2863 WEST 26TH ST					
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure PAPER STATEMENT FEE		
To Whom Paid NORTHWEST SAVINGS	MO	DAY	YEAR		
Mailing Address 2863 WEST 26TH ST	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

