# **Campaign Finance Report**

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

		-						CAN		A T.F.						BYIST		
Filer Identificati Number :	ion	2005	299			Repor Filed		CAN	מונ	AIE		СОММ	IITTEE	✓	LUBI	51151		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		FRIEND	DS OF	PAT HA	RKI	INS C/	O TRE	EASU	RER SU	SAN M. I	KOWA	LSKI		
Street Address:	3224	COLONI	AL AVE															
City:	ERIE							State:	F	PA			Zip Co	<b>de:</b> 16	506			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM	AY 1ARY	PO	ST- 3	3.		AMENDN REPORT		Yes	N	0	$\checkmark$
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	- 5. <b>X</b>		AY CTION	POST- 6.			TERMIN/ REPORT		Yes	N	0	$\checkmark$	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2020				NG MET					PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	⊥ Sought by	Candidat	te:					DATE	OF	ELEC	TION		District Number	Office Code	Par	ty Cod	Cou	
DEDDECENTAT								мо	D	DAY	YEA	R	1	STH	DEN	1	25	-
REPRESENTATI	IVE IN TH	IE GENER	AL ASS	EMBLY				1	.1	3	3 2	2020		(SEE INS	TRUCTIO	ONS FOR	CODES	5)
Summary of		s and	мо	DAY	YEAR	2		мо	C	DAY	YEA	R	FC	R OFFIC	E USE	ONLY	,	
Expenditures	s from:			9 15	2	020	0	1	0	19	9 2	2020						
A. Amount Bro	ught Forv	ward Fron	n Last R	eport			4	5			14,99	2.68						
B. Total Monetary Contributions And Receipts (From Schedule I)								\$			8,25	0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$			23,24	2.68						
D. Total Expenditures (From Schedule III)							9	\$			9,086	6.33						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			5		1	14,156	5.35						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II)	9	\$			(	0.00						
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule IV	')		5	\$			(	0.00		·				
					AFF	IDAV	IT SI	ECTIO	N									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here. 🛙	If this i	s a Ca	ndidate	rep	ort, ca	andida	te sig	n here.					
I swear (or affirm correct and compl		report, incl	uding the	e attached scl	hedules	s filed or	paper	or by ele	ctro	nic med	dium, a	re to t	he best o	f my knov	vledge	and be	lief , tı	rue
Sworn to and subs	scribed befo day of	ore me this		20					_		Sigi	nature	of Perso	n Submitt	ing Rep	oort		-
							_		_				Prin	ted Name				—
My Commission E	xpires	Signatur	re						-				Ema	il				_
		мо	D	AY	YR		_		_	Area	a Code			ie Teleph	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nittee, (	Candie	date sha	ll si	gn her	re.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and beli	ef this	political	comr	nittee has	not	violate	ed any p	provisi	ions of th	e act of Ju	ine 3,19	937 (P	L. 133	3,
Sworn to and subso		re me this							-			Si	ignature	of Candida	ite			-
	day of								_				Printe	d Name				-
		Signature					_		_				F					_
My Commission Exp	pires												Ema					
	_	мо	D	AY	YR		_		-	Area Co	ode		D	aytime Te	elephon	e Num	ber	_

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page										
Name of Filing Committee or Candidate	Reporting	g Period								
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>9/15/20</u> 2	<u>20</u> <b>To:</b>	<u>10/19/2020</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)			\$	250.00						
All Other Contributions (Part B)			\$	0.00						
TOTAL for the Reporting	Period	(2)	\$	250.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)										
Contributions Received From Political Committees (Part C)			\$	5,500.00						
All Other Contributions (Part D)			\$	2,500.00						
TOTAL for the Reporting	Period	(3)	\$	8,000.00						
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	8,250.00						

#### 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		Reporting	Reporting Period						
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI			From: <u>9/15/2020</u> To:				<u>10/19/2020</u>			
		DATE			AMOUNT					
Full Name of Contributing Comm IBEW LOCAL UNION #81 COPE	мо	MO DAY YEAR								
Mailing Address 431 WYO	MING AVENUE		10			\$	250.00			
City SCRANTON State Zip Code (Plus 4				17	2020					
PA 18503										
						Г	PAGE TOTAL			

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

AGE TOTAL

\$

250.00

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									
Fre					From: To:				
					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 Candidate			Reporting	Period			
FRIENDS OF PAT HARKINS C/O TREASU KOWALSKI	RER SUSAN M.		From:	<u>9/1</u>	<u>5/2020</u>	То:	<u>10/19/2020</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee ERIE INSURANCE PAC				мо	DAY	YEAR	
Mailing Address P.O. BOX 1699							<b>\$</b> 500.00
City ERIE	StateZip Code (Plus 4)PA16530			7	27	2020	
Full Name of Contributing Committee N F G PA PAC					DAY	YEAR	
Mailing Address 1100 STATE STREET	<b>State</b> PA	<b>Zip Code</b> 16501	e (Plus 4)	10	7	2020	\$ 500.00
Full Name of Contributing Committee           MID ATLANTIC LABORER'S POLITICAL LEAGUE (MALPL)					DAY	YEAR	
Mailing Address 11951 FREEDOM DR	IVE SUITE 310	Zip Code	e (Plus 4)	10	8	2020	<b>\$</b> 1,000.00
City RESTON	VA	20190	(,				
Full Name of Contributing Committee				мо	DAY	YEAR	
Mailing Address 212 NORTH THIRD S	-			10	14	2020	<b>\$</b> 500.00
City HARRISBURG	<b>State</b> PA	17101	e (Plus 4)				
Full Name of Contributing Committee APSCUF / CAP - PA				мо	DAY	YEAR	
Mailing Address 319 N FRONT ST				10	14	2020	<b>\$</b> 500.00
City HARRISBURG	<b>State</b> PA	17101	e (Plus 4)				

Full Name of Contributing Comm	nittee		мо	DAY	YEAR				
DEMOCRAT REPUBLICAN INDEP	PENDENT VOTER EDUC	ATION	110		- Ly lix				
Mailing Address DRIVE CHAP	TER 776 2552 JEFFER	SON ST				\$	500.00		
City HARRISBURG	State	Zip Code (Plus 4)	10	14	2020				
	PA	17110							
Full Name of Contributing Comn	nittee		мо	DAY	YEAR				
PSEA PACE		110							
Mailing Address 400 NORTH THIRD ST. P.O. BOX 1724						\$	1,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	10	17	2020				
	PA	171051724							
Full Name of Contributing Comm	nittee		мо	DAY	YEAR				
UPS PAC			110						
Mailing Address 55 GLENLAK	E PKWY N.E.					\$	1,000.00		
City ATLANTA	State	Zip Code (Plus 4)	<b>s 4)</b> 10	0 17	10 17	.0 17	2020		
	GA	30328							
						-	PAGE TOTAL		
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	5,500.00		

#### 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						
FRIENDS OF PAT HARKINS C/O TREAS	URER SUSAN M. KO	WALSKI	Fr	om:	<u>9/15/2</u>	<u>020</u> To	: <u>10/19/2020</u>			
				D	ATE		AMOUNT			
Full Name of Contributor PHILIP KATEN				мо	DAY	YEAR				
Mailing 522 SEMINOLE DRIVE Address	1						<b>\$</b> 500.00			
City ERIE	State	Zip Code	e (Plus 4)	8	24	2020				
	PA	165052428								
Employer Name	Occupa	tion								
Employer Mailing Address/Principal Place of City Business					State		Zip Code (Plus 4)			
Business										
Full Name of Contributor ROGER W. RICHARDS				мо	DAY	YEAR				
Mailing Address230 WEST SIXTH ST							<b>\$</b> 1,000.00			
City ERIE	State	Zip Code	e (Plus 4)	10	7	2020				
	РА	1650713	319							
Employer Name				Occupa	Occupation					
Employer Mailing Address/Principal Plac Business	e of	City	/	State			Zip Code (Plus 4)			
Dusiness										
Full Name of Contributor ALFRED L. BENEDICT				мо	DAY	YEAR				
Mailing 203 ASHBERRY LANE	APT. 72						<b>\$</b> 1,000.00			
City NEW CASTLE	STLE State Zip Code (Plus 4)			10	14	2020				
PA 16105										
Employer Name				Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City	/	-	State		Zip Code (Plus 4)			

\$

## 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			Report	ing Perio	d					
			From:			То:				
				DATE				AMOUNT		
Full Name					DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description										
Enter Grand Total of Part F on Schedu	Section	4				PAGE TO	ΓAL			
nter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Perio	d							
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>9/15/2020</u> <b>то:</b>	<u>10/19/2020</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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			Reportin	g 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 Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,	PAGE T	OTAL	
					4	5	0.00	

#### PAGE 12

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

Name of Filing Committee or Candidate					Re	porting P	Period				
					From:				То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of City Stat Business			State		Zip 4)	Code(Plus	Descri	ption o	of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					<b>PAGE TOTAL</b> 0.00						

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF PAT HARKINS C/O TREAS	URER SUSAN M. KOW	/ALSKI	From	<u>9/1</u>	<u>5/2020</u>	То:	<u>10/19/2020</u>	
				DATE			AMOUNT	
To Whom Paid NORTHWEST SAVINGS			мо	DAY	YEAR			
Mailing Address 2863 WEST 26TH S	Г		7	21	2020	\$	3.00	
City <sub>ERIE</sub>	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506	Description of Expenditure PAPER STATEMENT FEE					
<b>To Whom Paid</b> ED & MARY KISSEL	мо	DAY	YEAR					
Mailing Address 801 WEST 21 ST.	7	21	2020	\$	60.00			
City <sub>ERIE</sub>	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16502	<b>Descrip</b> PROGR	<b>otion of Ex</b> AM AD				
<b>To Whom Paid</b> JULIE SLOMSKI			мо	DAY	YEAR			
Mailing Address 550 MILL STREET			7	21	2020	\$	1,000.00	
City <sub>ERIE</sub>	State PA	<b>Zip Code (Plus 4)</b> 16509	Descrip CAMPA					
To Whom Paid NORTHWEST SAVINGS			мо	DAY	YEAR			
Mailing Address 2863 WEST 26TH S	Г		8	15	2020	\$	3.00	
City ERIE	State PA	<b>Zip Code (Plus 4)</b> 16506		STATEMEN				
To Whom Paid DE SANTIS SIGNS			мо	DAY	YEAR			
Mailing Address 540 WEST 18TH ST	Mailing Address 540 WEST 18TH ST			20	2020	\$	75.00	
City <sub>ERIE</sub>	State PA	<b>Zip Code (Plus 4)</b> 16502	<b>Descrip</b> MAGNE	IS				

To Whom Paid COMMITTEE TO E	ELECT PAM SNYDER			мо	DAY	YEAR			
Mailing Address 286 CENTER SCHOOL ROAD				9	1	2020	\$		500.00
City JEFFERSO	DN .	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15344		tion of Exp IGN CONTI		l		
To Whom Paid NATIONAL PEN CO LLC					DAY	YEAR			
Mailing Address PO BOX 847203				9	15	2020	\$		241.62
City DALLAS		<b>State</b> TX	Zip Code (Plus 4) 752847203		tion of Exp T SHOPPE				
To Whom Paid HOUSE DEMOCRATIC CAMPAIGN COMMITTEE					DAY	YEAR			
Mailing Address PO BOX 555				9	23	2020	\$		3,000.00
City HARRISBU	JRG	State	Zip Code (Plus 4)	Description of Expenditure CAMPAIGN CONTRIBUTION					
		РА	17108	CAMPA	IGN CONTI	RIBUTION	l		
To Whom Paid NORTHWEST SAV	/INGS BANK	PA	17108	САМРА	IGN CONTI	YEAR			
	/INGS BANK 2863 WEST 26TH S <sup>-</sup>		17108				\$		3.00
NORTHWEST SAV			17108 Zip Code (Plus 4) 16506	MO 9 Descrip	DAY	YEAR 2020 Deenditure			3.00
NORTHWEST SAV	2863 WEST 26TH S	T. State	Zip Code (Plus 4)	MO 9 Descrip	DAY 23 tion of Exp	YEAR 2020 Deenditure			3.00
NORTHWEST SAV Mailing Address City ERIE To Whom Paid	2863 WEST 26TH S	T. State	Zip Code (Plus 4)	MO 9 Descrip PAPER	DAY 23 tion of Exp STATEMEN	YEAR 2020 Denditure T FEE			
NORTHWEST SAV Mailing Address City ERIE To Whom Paid NATIONAL PEN C	2863 WEST 26TH S	T. State	Zip Code (Plus 4)	MO 9 Descrip PAPER 3 MO 10	DAY 23 tion of Exp STATEMEN DAY 7 tion of Exp	YEAR 2020 Denditure T FEE YEAR 2020	\$		
NORTHWEST SAV Mailing Address City ERIE To Whom Paid NATIONAL PEN C Mailing Address	2863 WEST 26TH S 0. LLC PO BOX 847203	T. State PA State	Zip Code (Plus 4) 16506 Zip Code (Plus 4)	MO 9 Descrip PAPER 3 MO 10 Descrip	DAY 23 tion of Exp STATEMEN DAY 7 tion of Exp	YEAR 2020 Denditure T FEE YEAR 2020	\$		
NORTHWEST SAV Mailing Address City ERIE To Whom Paid NATIONAL PEN C Mailing Address City DALLAS To Whom Paid	2863 WEST 26TH S 0. LLC PO BOX 847203	T. State PA State	Zip Code (Plus 4) 16506 Zip Code (Plus 4)	MO 9 Descrip PAPER 3 MO 10 Descrip CALENE	DAY 23 tion of Exp STATEMEN DAY 7 tion of Exp DARS	YEAR 2020 Penditure T FEE YEAR 2020 Penditure	\$		3.00

To Whom Paid THE ERIE VETS HOSPITAL MOOCH ZIELEWSKI			мо	DAY	YEAR		
Mailing Address 4015 PARADE BLVD			10	14	2020	\$	250.00
City <sub>ERIE</sub>	State PA	<b>Zip Code (Plus 4)</b> 16504	Description of Expenditure ASSISTING VETS WITH CHRISTMAS GIFTS				
		nort Course Dones, Item D					PAGE TOTAL
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D				\$	<b>PAGE TOTAL</b> 9,086.33
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D					
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D					