

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: 16506-2232			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2022	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	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	3	2022		6	6	2022				
A. Amount Brought Forward From Last Report						\$ 41,951.35						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,100.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 44,051.35						
D. Total Expenditures (From Schedule III)						\$ 3,989.27						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 40,062.08						
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>5/3/2022</u> To: <u>6/6/2022</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)	\$ 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)	\$ 2,100.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 2,100.00

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.)	\$ 2,100.00
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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	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
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

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>5/3/2022</u> To: <u>6/6/2022</u>

DATE				AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
MILLIRON GOODMAN PAC				
Mailing Address 200 NORTH THIRD ST SUITE 1500				
City HARRISBURG State PA Zip Code (Plus 4) 17101	5	23	2022	\$ 300.00
Full Name of Contributing Committee	MO	DAY	YEAR	
PA OPHTHALMOLOGY PAC				
Mailing Address 200 N THIRD ST SUITE 1500				
City HARRISBURG State PA Zip Code (Plus 4) 17101	5	23	2022	\$ 300.00
Full Name of Contributing Committee	MO	DAY	YEAR	
PA SOCIETY OF ANESTHESIOLOGIST PAC				
Mailing Address 1400 N. PROVIDENCE RD. BUILDING 2 STE 1040				
City MEDIA State PA Zip Code (Plus 4) 19063	5	23	2022	\$ 500.00
Full Name of Contributing Committee	MO	DAY	YEAR	
PENN OSTEOPATHIC MED PAC				
Mailing Address 1330 EISENHOWER BLVD				
City HARRISBURG State PA Zip Code (Plus 4) 171112319	5	23	2022	\$ 500.00
Full Name of Contributing Committee	MO	DAY	YEAR	
PGCC				
Mailing Address 507 CHERRY GROVE RD				
City CLARENDON State PA Zip Code (Plus 4) 163134313	6	3	2022	\$ 500.00

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

PAGE TOTAL

\$ 2,100.00

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	\$ 0.00
Mailing Address						
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				
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>5/3/2022</u> To: <u>6/6/2022</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 RECEIVED - 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>5/3/2022</u> To: <u>6/6/2022</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CHECKS UNLIMITED				
Mailing Address PO BOX 35630	5	7	2022	\$ 81.17
City COLORADO SPRINGS	State CO	Zip Code (Plus 4) 809353563	Description of Expenditure CHECKS	
To Whom Paid	MO	DAY	YEAR	
HOLY TRINITY CHURCH				
Mailing Address 2220 REED STREET	5	7	2022	\$ 75.00
City ERIE	State PA	Zip Code (Plus 4) 16503	Description of Expenditure GUYS & DOLLS TICKETS	
To Whom Paid	MO	DAY	YEAR	
PA STATE BUILDING CONSTRUCTION TRADES COUNCIL				
Mailing Address 904 NORTH SECOND ST	5	7	2022	\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROGRAM AD	
To Whom Paid	MO	DAY	YEAR	
BIROSCAK PRINTING CO, INC				
Mailing Address 1919 PEACH STREET	5	7	2022	\$ 556.50
City ERIE	State PA	Zip Code (Plus 4) 16502	Description of Expenditure BUTTONS LETTERHEADS ENVELOPES	
To Whom Paid	MO	DAY	YEAR	
SACRED HEART ALTAR SOCIETY				
Mailing Address 816 WEST ST	5	7	2022	\$ 133.00
City ERIE	State PA	Zip Code (Plus 4) 16502	Description of Expenditure 50/50 TICKETS SPAGHETTI DINNER	

To Whom Paid PATRICK J. DIPAOLO MEMORIAL SCHOLARSHIP FUND, INC			MO	DAY	YEAR	
Mailing Address PO BOX 3073			5	7	2022	
City ERIE	State PA	Zip Code (Plus 4) 16508	Description of Expenditure 8TH ANNUAL PAT J. DIPAOLO SCHOLARSHIP AWARDS BANQUET			

To Whom Paid NORTHWEST SAVINGS BANK			MO	DAY	YEAR	
Mailing Address 2863 WEST 26TH ST.			5	15	2022	
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure STATEMENT PAPER FEE			

To Whom Paid BIROSCAK PRINTING			MO	DAY	YEAR	
Mailing Address 1919 PEACH STREET			5	22	2022	
City ERIE	State PA	Zip Code (Plus 4) 16502	Description of Expenditure MAILER CARDS & POSTAGE			

To Whom Paid LAKE ERIE FANFARE			MO	DAY	YEAR	
Mailing Address 909 EAST 35TH ST			5	22	2022	
City ERIE	State PA	Zip Code (Plus 4) 165041827	Description of Expenditure PROGRAM AD			

To Whom Paid ERIE LIONS CLUB			MO	DAY	YEAR	
Mailing Address PO BOX 9364			6	3	2022	
City ERIE	State PA	Zip Code (Plus 4) 16505	Description of Expenditure AD PATRON TWO PLAYER SPONSORSHIPS			

To Whom Paid HOLY TRINITY CHURCH			MO	DAY	YEAR	
Mailing Address 2220 REED ST.			6	3	2022	
City ERIE	State PA	Zip Code (Plus 4) 165032196	Description of Expenditure ZABAWA PROGRAM AD			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,989.27

