Campaign Finance Report

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

Filer Identificati Number :	Filer Identification 2005299 R Number :							DATE		СОМИ	AITTEE	✓	LOBI	BYIST	
Name of Filing C	committee, Candid	ate or Lo	obbyist:			-	PAT HAR	KINS C,	/O TR	EASU	RER SU	SAN M. H	KOWA	LSKI	
Street Address:	3224 COLONI	AL AVE													
City:	ERIE						State:	PA			Zip Code: 16506				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D. PRIM		POST- 3.			AMENDMENT REPORT?		Yes	Nc	 Image: A start of the start of
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 D. ELEC	AY F TION	POST-	6.		TERMIN REPORT		Yes	Nc	
report type)	ANNUAL REPORT	7. X	Year 2022				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	bought by Candida	te:					DATE O	F ELEC	TION	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	AR		P			•
							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE/	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	1 29	20)22 T	0	12	3	1	2022					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			35,98	33.57					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Scheo	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		35,98	33.57					
D. Total Expen	ditures (From Sch	edule II	I)			\$	5		1,20	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		34,78	3.57	-				
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedul	e II)	\$	5			0.00	-				
G. Unpaid Debt	s And Obligations	(From S	chedule IV	')		\$	5			0.00		,			
				AFF	IDAVI	t se	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	f this is	a Ca	ndidate re	eport, ca	andida	ate sig	yn here.				
I swear (or affirm) correct and comple) that this report, incl ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, a	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Sig	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				-					Prin	ited Name			
My Commission Ex	cpires					_					Ema	il			
	МО	DA	AY	YR				Are	a Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andic	late shall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this	political	comn	nittee has n	ot violat	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							S	ignature (of Candida	ite		
						-					Printe	ed Name			
My Commission Exp	Signature					-					Ema	il			
	мо	D/	AY	YR		-		Area C	Code		D	aytime Te	elephon	e Numb	er

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>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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				Period			
	From:		:				
				DATE			AMOUNT
Full Name of Contributing Con	mmittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Γ	PAGE TOTAL

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

0.00

\$

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 Candidat	e		Rep	orting P	eriod					
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 S	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 Candio	late		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
							-	PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00

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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	od				
			From: T				'o:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	ΓAL
		iaiy raye,	Section	7.			\$		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 P	eriod	
FRIENDS OF PAT HARKINS C/O TREASURER SUSAN M. KOWALSKI	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUT	OR	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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			Reporting	g Period			
	Fi					То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rej	oorting P	Period				
						From: To:				
						DATE AMOU				
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption o	f Contribution

Enter Grand Total of Part G on Schedule	II. In-Kind Co	ontributions De	tailed	PAGE TOTAL
Summary Page, Section 3.	-,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
FRIENDS OF PAT HARKINS C/O TREAS	URER SUSAN M. KO	OWALSKI	From	<u>11/29</u>	9/2022	То:	<u>12/31/2022</u>	
				DATE			AMOUNT	
To Whom Paid EMMAUS MINISTRIES			мо	DAY	YEAR			
Mailing Address 345 EAST NINTH ST			12	1	2022	\$	200.00	
City ERIE	State PA	Zip Code (Plus 4) 16503	Description of Expenditure DONATION FOR THE HOMELESS					
To Whom Paid BARBER NATIONAL INSTITUTE			мо	DAY	YEAR			
Mailing Address 100 BARBER PLACE			12	1	2022	\$	1,000.00	
City ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	16507	TICKET CENTEI		RBER BAL	L BENE	FITS BARBER	
Enter Grand Total of Evnenditures		Cover Dage Them I					PAGE TOTAL	
Enter Grand Total of Expenditures of	on Page 1, Report	Cover Page, Item I	J.			\$	1,200.00	