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 :	on 2005	299			Repoi		CAN	ADI	DATE		COM	MITTEE	V		OBB	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	FRIENI	DS OF	PAT H	ARI	KINS %	6 TR	EASURI	ER SUS	AN M. I	KOW	ALS	<i< td=""><td></td></i<>	
Street Address:							_										
City:	ERIE						State	:	PA			Zip Co	de: 1	1650	6		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		Р	POST-	3.		AMENDN REPORT		Ye	es	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		Р	POST-	6.		TERMINA REPORT		Ye	es	No	\
report type)	ANNUAL REPORT	7.	Year 2023				NG MET					PAPER		h		DISKET	TE
Name of Office S	ought by Candida	te:	•		•		DATE	ΕO	F ELEC	CTIO	N	District Number	Offic Code		Party	/ Code	County Code
							МО		DAY	YE	AR		İ				
								2		7	2023		(SEE 1	NSTRU	UCTIO	NS FOR CO	DDES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	OR OFF	ICE (JSE (ONLY	
Expenditures	rrom:		1 24	20	023	то		2	1	.7	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				34,7	783.57						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	Sche	dule I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)			\$				1,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				33,7	83.57						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		\$					0.00						
				AFF	IDAV	IT SE	CTIO	N									
	a Committee rep	-	_								_		e man lem		.	مدالما لم	
correct and comple	that this report, included the thick	luaing the	attacned sc	neaures	s filea oi	n paper	or by ei	iecti	ronic me	eaium	, are to t	ine best o	т ту кп	owied	age a	na belle	r , true
Sworn to and subs	cribed before me this day of	5	20							s	Signature	of Perso	n Subm	itting	Repo	ort	
	Signatu	re				_						Prin	ted Nan	ne			
My Commission Ex	opires							•				Ema	il				
	МО	D	AY	YR					Are	a Cod	le	Daytin	ne Telej	ohone	Num	ber	
Part II- If this is	a report of a cand	didate's	authorized	Comm	nittee,	Candid	ate sh	all s	sign he	re.							
No 320) as amende		ny knowle	edge and beli	ef this	politica	l comm	ittee ha	as no	ot violat	ed an	y provis	ions of th	e act of	June	3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature	of Candi	date			
						_						Printe	ed Name	<u> </u>			—
My Commission Exp	Signature ires					_						Ema	nil				-
	МО	D	AY	YR		_			Area	Code		D	aytime	Telep	hone	Numbe	 r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI	From:	<u>1/24/202</u>	<u>!3</u> To:	2/17/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Ca	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	:				
		·		DATE		AMOUNT				
Full Name of Contributing Commit	ttee		МО	DAY	YEAR					
Mailing Address						\$ 0.00				
City	State	Zip Code (Plus 4)								

PAGE TOTAL \$0.00

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

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 Committe	ee or Candidate		Rep	orting P	Period			
			Froi	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
					_			PAGE TOTAL

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 Cai	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		Α	AMOUNT	
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary Pa	age, Sectio	n 3.			\$	0.00	

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 Candidat	•			Rep	orting Pe	riod					
				Fron	n:			To:			
					D	ATE			AMO	OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zi	p Code (Plus	4)							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Z	ip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	d Sumr	mary Page,	Section	on 3.			\$	PA	GE TOTA	L .00

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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 % TREASURER SUSAN M. KOWALSKI	From:	<u>1/24/2023</u> To:	2/17/2023					
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 PAR	T 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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI	From	1/24/2023	То:	2/17/2023

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
JOE MCANDREW			МО		ILAK		
Mailing Address				23	2023	\$	1,000.00
City VERONA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15147	CAMPAI	GN DONAT	TION		
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,000.00