

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2005299		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI												
<b>Street Address:</b> 3224 COLONIAL AVE.												
<b>City:</b> ERIE						<b>State:</b> PA		<b>Zip Code:</b> 16506				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2025		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	DEM			
						11	4	2025	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>	
				4	1	2025		5	5	2025		
<b>A. Amount Brought Forward From Last Report</b>						\$ 17,986.79						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 10,000.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 27,986.79						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 7,766.72						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 20,220.07						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI	From: <u>4/1/2025</u> To: <u>5/5/2025</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 10,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 10,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 10,000.00
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# 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI	<b>Reporting Period</b>  <b>From:</b> <u>4/1/2025</u> <b>To:</b> <u>5/5/2025</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
PARX 2999 GROUP				2	7	2025
Mailing Address 2999 STREET ROAD						
City BENSLEM	State PA	Zip Code (Plus 4) 19020				
						\$ 5,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
WIND CREEK BETHLEHEM				2	27	2025
Mailing Address 77 WIND CREEK BLVD.						
City BETHLEHEM	State PA	Zip Code (Plus 4) 18015				
						\$ 3,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
MCNEES PAC				4	3	2025
Mailing Address 100 PINE STREET PO BOX 1166						
City HARRISBURG	State PA	Zip Code (Plus 4) 171081166				
						\$ 1,500.00
Full Name of Contributing Committee				MO	DAY	YEAR
FOOD PAC OF PENNSYLVANIA				4	3	2025
Mailing Address PO BOX 870						
City CAMP HILL	State PA	Zip Code (Plus 4) 170010870				
						\$ 500.00

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

<b>PAGE TOTAL</b>
\$ 10,000.00

**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: <span style="margin-left: 100px;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	\$ 0.00
Mailing Address			DAY	
City	State	Zip Code (Plus 4)	YEAR	
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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI		<b>From:</b>	<b>To:</b>
		4/1/2025	5/5/2025
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)			\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)			\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF PAT HARKINS % TREASURER SUSAN M. KOWALSKI	From <u>4/1/2025</u> To: <u>5/5/2025</u>

DATE				AMOUNT
To Whom Paid				
FRIENDS OF MATT MCCARRY				
Mailing Address 19 TREY BURN DRIVE				
City PAOLI	State PA	Zip Code (Plus 4) 19301		
Description of Expenditure				
CAMPAIGN DONATION				
To Whom Paid				
HOUSE DEMOCRATIC CAMPAIGN COMMITTEE				
Mailing Address 800 N. 3RD STREET SUITE 303				
City HARRISBURG	State PA	Zip Code (Plus 4) 17102		
Description of Expenditure				
HDCC ASSESSMENT				
To Whom Paid				
ERIE DOWNTOWN PARTNERSHIP				
Mailing Address 140 EAST 5TH STREET				
City ERIE	State PA	Zip Code (Plus 4) 16507		
Description of Expenditure				
ZOO PARADE SPONSOR				
To Whom Paid				
SEIP FOR JUDGE COMMITTEE C/O PAM HATTER				
Mailing Address 58 MAHANTONGO STREET				
City TREMONT	State PA	Zip Code (Plus 4) 17981		
Description of Expenditure				
CAMPAIGN DONATION				
To Whom Paid				
FRIENDS OF EMILY MERSKI				
Mailing Address P.O. BOX 667				
City ERIE	State PA	Zip Code (Plus 4) 16512		
Description of Expenditure				
CAMPAIGN DONATION				
To Whom Paid				
MEMORIAL DAY BREAKFAST				
Mailing Address 6055 MORINING GLORY CT				
City ERIE	State PA	Zip Code (Plus 4) 16509		
Description of Expenditure				
MEMORIAL DAY BREAKFAST				

<b>To Whom Paid</b> SAM'S CLUB			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 316.72
<b>Mailing Address</b> 7200 PEACH ST			4	3	2025	
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16509	<b>Description of Expenditure</b> ST. PAT'S PARADE CANDY REIMBURSE PAT HARKINS			

  

<b>To Whom Paid</b> CHRIS RUSH FRIENDS OF			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 854 EAST 7TH ST.			4	3	2025	
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16503	<b>Description of Expenditure</b> CAMPAIGN DONATION			

  

<b>To Whom Paid</b> PATRICK J. DI PAOLO MEMORIAL SCHOLARSHIP FUND, INC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 100.00
<b>Mailing Address</b> PO BOX 3073			4	3	2025	
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16508	<b>Description of Expenditure</b> HALE SPONSOR 11TH ANNUAL GOLF CLASSIC			

  

<b>To Whom Paid</b> FRIENDS OF BROOKE SANFILIPPO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 4003 BEACH ST			4	16	2025	
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16508	<b>Description of Expenditure</b> CAMPAIGN CONTRIBUTION			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 7,766.72

