Campaign Finance Report

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

Filer Identificati	on	2012	C0961			Re	port	;	CAND	DATE	√	CC	MMITTEE		LOBI	BYIST		
Number :							ed B				Ľ.							
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		KIM	1, PA	TTY H	l .									
Street Address:													_					
City:									State:				Zip Code	e: 17	110			
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	ENT	Yes	No)	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	. REPORT	7.	Year 2012					IG METH CHECK C				PAPER		✓	DISKE	TTE	
Name of Office S	L Sought by	, Candidat	te:						DATE ()F ELE	CTIO	N	District	Office	Par	ty Code	Cour	
									мо	DAY	YE	AR	103	STH	DEN	1	22	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		6	2012		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YI	AR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			3 6	2	012	Т	0	4	1	9	2012	PAPER District Number Code 103 STH (SEE II FOR OFFI n here.					
A. Amount Bro	ught For	ward Fron	1 Last R	eport				\$		•	•	0.00]					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$			1,3	359.85	1					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1,3	359.85]					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			1,3	59.85						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00]					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00						
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, e	candi	date sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper (or by elec	tronic m	edium	, are to	the best of	my knov	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20							S	ignature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	re					- -					Printe	ed Name				-
My Commission Ex	cpires	_						_					Email					_
		МО	D	AY	YR					Ar	ea Cod	le	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has i	not viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							-					Printed	l Name				-
		Signature						-										_
My Commission Exp	ires												Email					
	-	МО	D	AY	YR	1		-		Area	Code		Day	ytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
KIM, PATTY H	From:	3/6/201	<u>2</u> To:	4/9/2012
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)			\$	0.00
All Other Contributions (Part D)			\$	1,359.85
TOTAL for the Reporting	Period	(3)	\$	1,359.85
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,359.85

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	ndidate	R	eporting	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.

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.

From: To: DATE Full Name of Contributor MO DAY YEAR Mailing Address City State Zip Code (Plus 4)	DATE AMOUNT MO DAY YEAR \$ 0.00	Name of Filing Comm	ittee or Candidate		Reporti	g Per	iod			
Full Name of Contributor MO DAY YEAR Mailing Address \$	MO DAY YEAR \$ 0.00				From:			To	o:	
Mo DAY YEAR Mailing Address \$	\$ 0.00					D	ATE			AMOUNT
	State Zip Code (Plus 4)	Full Name of Contributo	or		М	,	DAY	YEAR		
City State Zip Code (Plus 4)		Mailing Address							\$	0.00
	PAGE TOTAL	City	State	Zip Code (Plus 4)						

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	ndidate		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 Candidate	TTTY H e of Contributor IM Address 2418 N 2ND ST. HARRISBURG State Zip C PA 1711 r Name CITY OF HARRISBURG r Mailing Address/Principal Place of Business			Rep	orting Pe	riod			
KIM, PATTY H				Fron	n:	<u>3/6/2</u>	<u>012</u> To	:	4/9/2012
					D/	ATE		А	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	100.00
PATTY KIM						27.	I ZAIN] *	100.00
Mailing Address 2418 N 2ND ST.					2	16	2012		
City HARRISBURG	State	Zip Cod	de (Plus	4)					
	PA	17110)						
Employer Name CITY OF HARRISBURG	i i				Occupat	ion	MEMBER	R OF CIT	Y COUNCIL
Employer Mailing Address/Principal Plac	e of Business	Cit	ty			State		Zip Cod	le (Plus 4)
10 N 2ND ST.		НА	ARRISBU	JRG		PA		17101	
Full Name of Contributor		-				DAY	VEAD	$\overline{}$	
PATTY KIM					МО	DAY	YEAR	\$	1,204.00
Mailing Address 2418 N 2ND ST.					3	12	2012		
City HARRISBURG	State	Zip Cod	de (Plus	4)			-01-		
	PA	17110)						
Employer Name CITY OF HARRISBURG	ì				Occupat	ion	MEMBER	R OF CIT	Y COUNCIL
Employer Mailing Address/Principal Plac	e of Business	Cit	ty			State		Zip Cod	le (Plus 4)
10 N 2ND ST.		НА	ARRISBU	JRG		PA		17101	
Full Name of Contributor					мо	DAY	YEAR	1.	
PATTY KIM					МО	DAT	TEAR	\$	55.85
Mailing Address 2418 N 2ND ST.					4	1	2012		
City HARRISBURG	State	Zip Cod	de (Plus	4)					
	PA	17110)						
Employer Name CITY OF HARRISBURG	3				Occupat	ion	MEMBER	R OF CIT	Y COUNCIL
Employer Mailing Address/Principal Plac	ce of Business	Cit	ty			State		Zip Cod	le (Plus 4)
10 N 2ND ST.		НА	ARRISBU	JRG		PA		17101	
Futor Count Tatal of Part Cour Cabo	dula I. Datailad Cu		. D	Ca atia	2			Р	AGE TOTAL
Enter Grand Total of Part C on Sche	dule 1, Detailed Su	ımmary	y Page,	Section	on 3.		١,	\$	1 250 05
								₽	1,359.85

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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total Of Part I	on Schedule 1, Detalled	Summary Page,	Section	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	
KIM, PATTY H	From:	3/6/2012 To:	4/9/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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		Reportin	g Period				
			From:			To	:	
				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				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
KIM, PATTY H	From	<u>3/6/2012</u>	To:	<u>4/9/2012</u>

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
PA DEPT. OF STATE			MO		ILAK			
Mailing Address NORTH OFFICE	BUILDING 3RD FLO	OOR	2	16	2012	\$	100.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17120	CANDIC	ATE FILIN	G FEE			
To Whom Paid MY CAMPAIGN STORE			МО	DAY	YEAR			
Mailing Address PO BOX 596				12	2012	\$	1,204.00	
City JEFFERSONVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	IN	47131	4X8 SIC	GNS				
To Whom Paid U-HAUL HBG			МО	DAY	YEAR			
Mailing Address 5621 ALLENTOW	/N BLVD		4	1	2012	\$	55.85	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 17112 TRUCK RENTAL								
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,359.85	