### **Campaign Finance Report**

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

			2012C00C1 Penort CANDIDATE															
Filer Identificati Number :	on	2012	C0961				port ed E		CANE	IDATE	•	C	OMMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		PAT	TY Ł	ΚIM										
Street Address:																		
City:									State:				Zip Code	e: 17	110			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	<b>-</b>	2.	30 DA		POST-	3		AMENDME REPORT?	ENT	Yes	No	)	<b>\</b>
(place X to the right of	6TH TUES		4. <b>X</b>	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	)	<b>/</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2012					NG METI CHECK				PAPER		$\checkmark$	DISK	TTE	
Name of Office S	Sought by	/ Candidat	·e:						DATE	OF EL	EC1	TION	District Number	Office Code	Par	ty Code	Cour	
									МО	DAY	•	YEAR	103	STH	DEN	1	22	=
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1	1	6	2012	<b>_</b>	(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	,	YEAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			5 15	2	012	Т	0		9	17	2012	2					
A. Amount Bro	ught For	ward Fron	ı Last R	eport			•	\$	•	•		0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				1,626.19	1					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				1,626.19	]					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			1,626.19							
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	oligations	(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 Car	ndidate	report	, ca	ndidate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by ele	ctronic	med	ium, are to	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20								Signatur	e of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					- -					Printe	ed Name				
My Commission Ex	cpires							_					Email					
		мо	D	AY	YR					-	Area	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	l sign	here	е.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not vio	lated	d any provis	sions of the	act of Ju	ine 3,1	937 (P.I	133	з,
Sworn to and subsc		re me this										5	Signature of	Candida	ite			-
	day of —			_ 20				_					Printed	Name				_
		Signature						_						.taille				_
My Commission Exp		- 3											Email					
	_	МО	D	AY	YR	ł		-		Are	a Co	ode	Day	time Te	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	y Period									
PATTY KIM	From:	<u>5/15/201</u>	<u>.2</u> To:	9/17/2012							
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)			\$	1,626.19							
TOTAL for the Reporting	Period	(3)	\$	1,626.19							
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)											
TOTAL for the Reporting	Period	(4)	\$	0.00							
			<u> </u>								
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	1,626.19							

#### **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 Cand	Reporting Period						
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	ee		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.

Name of Filing Committe	ee or Candidate		Reporti	ng P	eriod			
			From:			Te	<b>o</b> :	
		1			DATE			AMOUNT
Full Name of Contributor			м	0	DAY	YEAR		
Mailing Address							\$	0.00
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 Candidate			Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							<b>-</b>   \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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.)

PATTY KIM	386.10
Full Name of Contributor PATTY KIM  Mailing Address	386.10
PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG  State Zip Code (Plus 4) 17110  Employer Name CITY OF HARRISBURG  Occupation MEMBER OF COUNCE Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 17101  Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG  MO DAY YEAR \$  \$  4  4  4  4  4  4  4  4  4  4  4  4	CIL
PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG State Zip Code (Plus 4) 17110  Employer Name CITY OF HARRISBURG Occupation MEMBER OF COUNCE Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 17101  Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG MO DAY YEAR \$  4 23 2012	CIL
City HARRISBURG  State PA 17110  Employer Name CITY OF HARRISBURG  Employer Mailing Address/Principal Place of Business 10 N 2ND ST  City HARRISBURG  Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG  MO DAY YEAR \$  2012  4 2012  City State Zip Code (Plus 4)  MO DAY YEAR \$  23 2012	
City HARRISBURG  State Zip Code (Plus 4) 17110  Employer Name CITY OF HARRISBURG  Employer Mailing Address/Principal Place of Business 10 N 2ND ST  City HARRISBURG  Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG  MO  DAY  YEAR  \$ 2012	
Employer Name CITY OF HARRISBURG  Employer Mailing Address/Principal Place of Business 10 N 2ND ST  City HARRISBURG  MO DAY  YEAR  Mailing Address 2418 N 2ND ST.  City HARRISBURG  MO DAY  YEAR  \$ 23 2012	
Employer Mailing Address/Principal Place of Business 10 N 2ND ST  Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG  City HARRISBURG  MO DAY  YEAR  \$ 23 2012	
10 N 2ND ST	lus 4)
Full Name of Contributor PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG State Zip Code (Plus 4)  MO DAY YEAR \$ 23 2012	
PATTY KIM  Mo DAY YEAR  Mailing Address 2418 N 2ND ST.  City HARRISBURG State Zip Code (Plus 4)  8 23 2012	
PATTY KIM  Mailing Address 2418 N 2ND ST.  City HARRISBURG State Zip Code (Plus 4)  8 23 2012	
City HARRISBURG State Zip Code (Plus 4)	310.02
City HARRISBURG State Zip Code (Plus 4)	
DA   17110	
Employer Name CITY OF HARRISBURG Occupation MEMBER OF COUNC	:IL
Employer Mailing Address/Principal Place of Business City State Zip Code (P	lus 4)
10 N 2ND ST HARRISBURG PA 17101	
Full Name of Contributor	
PATTY KIM PATTY KIM \$	930.07
Mailing Address 2418 N 2ND ST. 9 1 2012	
City HARRISBURG State Zip Code (Plus 4)	
PA 17110 I I	
Employer Name CITY OF HARRISBURG Occupation MEMBER OF COUNC	:IL
Employer Mailing Address/Principal Place of Business City State Zip Code (P	lus 4)
10 N 2ND ST HARRISBURG PA 17101	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.  \$	TOTAL

## 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:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	
PATTY KIM	From:	<u>5/15/2012</u> <b>To:</b>	9/17/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate	Reporting Period							
	From:			To:				
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting Period						
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	C	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	•				Occup	ation				
Employer Mailing Address/Principal Plac	ce of Business	City	у	Stat	e Zip	Code(Plus 4)	Descr	iptio	on of Contribution	n
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd C	Contributions D	etaile	ed				PAGE TOTA	AL.
Summary Page, Section 3.									0	0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	r Candidate		Reporti	ng Period					
PATTY KIM			From	<u>5/15</u>	5/2012	То:	9/17/2012		
				DATE			AMOUNT		
<b>To Whom Paid</b> US AIRWAYS			мо	DAY	YEAR				
Mailing Address 4000 E S	SKY HARBOR BLVD		6	17	2012	\$	386.10		
City PHOENIX	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
				TRIP FLIGH RATIC NAT					
To Whom Paid			МО	DAY	YEAR				
COURTYARD BY MARRIOTT				DAI	ILAK				
Mailing Address 237 SOU	JTH TRYON ST.		8	23	2012	\$	310.02		
City CHARLOTTE	State	Zip Code (Plus 4)	Description of Expenditure						
	NC	28202	LODGING FOR DEMOCRATIC NATIONAL CONVENTION						
To Whom Paid COURTYARD BY MARRIOTT			МО	DAY	YEAR				
Mailing Address 237 SOU	ITH TRYON ST.		9	1	2012	\$	930.07		
City CHARLOTTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I			
	NC	28202	LODGIN CONVE	NG FOR DE	MOCRATI	IC NATION	IAL		
	er Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL		

1,626.19