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 2011	.0285			Repor Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIEND	DS OF	PATTY	KIM							•	
Street Address:	2418 NORTH	SECON	O STREET													
City:	HARRISBURG						State:	PA			Zip Code: 17110					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIM		POST-	3.		AMENDN REPORT		Yes	Nc	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY TION	POST-	6.		TERMIN REPORT		Yes	Nc	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2014				NG METH CHECK (PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE	OF ELI	CTI	ON	District Number	Office Code	Par	ty Code	County Code	
	,						мо	DAY	Y	EAR	Itumber	coue	DEN	1	coue	
							1	1	4	2014	i	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	'EAR	FC	DR OFFIC	E USE	ONLY		
Expenditures	from:	:	11 25	20	014	Ю	1	2	31	2014						
A. Amount Bro	ught Forward Fror	n Last R	eport			\$;		8,	709.45						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	5			0.00						
C. Total Funds Available (Sum Of Lines A and B)							5		8,	709.45						
D. Total Expenditures (From Schedule III)						\$	5		2,	209.82						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		6,	499.63						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	le II)	\$	5			0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	5			0.00		,				
				AFF	IDAV	IT SE	ECTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	lf this i	s a Ca	ndidate	r <mark>eport</mark> ,	cand	idate sig	gn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	filed or	paper	or by elec	tronic r	nediur	n, 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							Signatur	e of Perso	n Submitt	ing Rep	oort		
		re				_					Prin	ted Name				
My Commission Ex	-										Ema	il				
	мо	D	AY	YR				A	rea Co	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, (Candio	late shal	l sign l	nere.							
I swear (or affirm) No 320) as amendo	that to the best of ned.	ny knowle	edge and beli	ef this	political	comn	nittee has	not viol	ated a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,	
Sworn to and subso	ribed before me this									s	ignature	of Candida	ite			
	day of 					_					Printe	ed Name				
	Signature					_										
My Commission Exp	bires										Ema	11				
	мо	D	AY	YR		_		Area	a Code	1	D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	E			
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PATTY KIM	From:	<u>11/25/20</u> 2	<u>14</u> To:	<u>12/31/2014</u>
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	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)			1	
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g 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
			1	

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				Reporting Period						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								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 Candida	te		Rep	orting P	eriod				
			Fror	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	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candidate			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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					
Fro					Т	To:			
	DATE					AMOUNT			
			мо	DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupat	ion					
ce of Business	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA MO State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
	From: To:									
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
		- -	o					PAGE TOTAL		
Enter Grand Total of Part E on Sche	ule I, Detailed	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	
FRIENDS OF PATTY KIM	From:	<u>11/25/2014</u> To:	<u>12/31/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address				\$			\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	e(Plus 4) Description of Contributio			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
FRIENDS OF PATTY KIM			From	11/25	5/2014	То:	<u>12/31/2014</u>		
			DATE AMOUNT						
To Whom Paid			мо	DAY	YEAR				
BRETHREN COMMUNITY MINISTRIES									
Mailing Address 219 HUMMEL ST			12	1	2014	\$	300.00		
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
	РА	171043346	ADVERT	ISEMENT					
To Whom Paid DELUXE CORPORATION	мо	DAY	YEAR						
Mailing Address 3680 VICTORIA ST N			11	25	2014	\$	146.45		
City SAINT PAUL State Zip Code (Plus 4)			Description of Expenditure						
MN 551262906				5					
To Whom Paid					YEAR				
FACTORY 44, INC.			мо	DAY	TEAR				
Mailing Address 1708 FULTON ST			12	28	2014	\$	10.15		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	РА	171021631	WEB HC	STING					
To Whom Paid			мо	DAY	YEAR				
FULTON BANK			110	2	12/11				
Mailing Address PO BOX 4887			12	17	2014	\$	2.00		
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	РА	176044887	BANK F	EE					
To Whom Paid			мо	DAY	YEAR				
SEVEN POINTS CONSULTING, LLC			MO						
Mailing Address 840 WEST HAMILTO	ON ST STE 321		12	28	2014	\$	1,751.22		
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	РА	181012423	CONSULTING & amp; REIMBURSEMENT FEES				IENT FEES		
							PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Report C	Cover Page, Item I).			\$	2,209.82		