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			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	FRIE	END:	S OF I	PATTY K	[M								
Street Address:	2418 NORTH	SECONI	STREET														
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2015					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR			DEM	'		
								11		3	2015		(SEE IN	STRUCTIO	NS FOR C	ODES))
•	Receipts and	МО	DAY Y	'EAR			'	МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 5	20	015	Т	0	6		8	2015						
A. Amount Bro	ught Forward Froi	m Last R	eport				\$	_		6,6	90.03						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 6,690.03																	
D. Total Expend	ditures (From Sch	edule II	I)				\$			4,1	81.73						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			2,5	08.30						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			,	AFF	IDA	VI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	ididate re	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached sche	dules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ire					-					Prin	ted Name	e			
My Commission Ex	cpires 						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	none Nu	nber		
Part II- If this is	a report of a can	didate's	authorized C	omm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			_
							-					Printe	d Name				-
My Commission Exp	Signature ires						-					Ema	il				-
			AV	VP			-			Code		D.	aytime T	elenhon	e Numbe	er	-
	HO	D.	AY	YR					AIEd	Code		D.	ayume I	cichiin	C HUIIDE	-1	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PATTY KIM	From:	5/5/201	<u>5</u> To:	6/8/2015
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PAGE TOTAL

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 Candidat	e		Reporting Period						
			Fro	om:		То	!		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						

| |\$

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

0.00

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		Reporting	Period			
			From:		To	o:	
		•		DATE			AMOUNT
Full Name of Contributor			мо	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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	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, Detailed	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				Repo	orting Pe	riod					
				Fron	n:		Т	o:			
					D	ATE			AMOL	JNT	
Full Name of Contributor					мо	DAY	YEAR	:	\$	0.0	0
Mailing Address											
City	State	Zip (Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (F	Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umma	ary Page,	Section	on 3.			\$	PAGE	0.00	
							L				

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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	'			•			
Futor Curred Total of Bout	F an Cabadula I Datailad	I Comment Dama Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	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 Period		
FRIENDS OF PATTY KIM	From:	<u>5/5/2015</u> To:	<u>6/8/2015</u>
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 Can	didate		Reporting 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 or	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 PATTY KIM	From	<u>5/5/2015</u>	То:	<u>6/8/2015</u>		

		<u>.</u>		DATE			AMOUNT
To Whom Paid			Mo	DAY	YEAR		
FACTORY 44, INC.			МО	DAT	TEAR		
Mailing Address 1708 FULTON S	Т		5	5	2015	\$	210.30
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171021631	WEBPA	GE MAINTE	NANCE		
To Whom Paid			мо	DAY	YEAR		
FACTORY 44, INC.			140		ILAK		
Mailing Address 1708 FULTON S	Т		5	5	2015	\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	171021631	WEBPA	GE MAINTE	NANCE		
To Whom Paid			мо	DAY	YEAR		
FIRST BAPTIST STEELTON							
Mailing Address 1850 S 19TH S	Г		5	25	2015	\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171043219	EVENT				
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF ANGEL FOX			110				
Mailing Address 524 S 16TH ST			5	25	2015	\$	300.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171042215	CONTRI	BUTION			
To Whom Paid FULTON BANK			мо	DAY	YEAR		
Mailing Address PO BOX 4887			5	15	2015	\$	2.00
City LANCASTER	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I	
	PA	176044887	BANK F	EE			
To Whom Paid MLK CDC			мо	DAY	YEAR		
Mailing Address C/O MARTIN LU ST	THER KING BAPTI	ST CHURCH 1243 S 18TH	5	11	2015	\$	500.00
City HARRISBURG State Zip Code (Plus 4)			4) Description of Expenditure				
	PA	17104	DONAT	ON FOR S	UMMER P	ROGRAM	

To Whom Paid			МО	DAY	YEAR		
SHILOH CHURCH OF GOD IN CHRIST			MO	DAT	TEAR		
Mailing Address 5950 DERRY ST			5	11	2015	\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	171114128	BANQUET				
To Whom Paid			МО	DAY	YEAR		
THE WS GROUP, LLC			MO		ILAK		
Mailing Address 219 STATE ST			5	8	2015	\$	2,869.43
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	CONSULTING & amp; REIMBURSEMENT FEES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	4,181.73