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	20110)285				ort ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, C	andida	ite or Lo	obbyist:		FRIE	END:	S OF I	PATTY KI	M .								
Street Address:	2418 N.	SECO	ND ST.															
City:	HARRISE	BURG							State:	PA			Zip Cod	ie: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA' ELECTION	y pre	Ē- !	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		No	•	/	
report type)	ANNUAL REI	PORT	7.	Year 2015					IG METHO				PAPER		DISKE	TTE		
Name of Office S	Sought by Car	ndidate	e:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
	,								МО	DAY	YE	AR	rumber	code	1	couc		
									11		3	2015		(SEE IN	STRUCTIO	ONS FOR (ODES)	
Summary of Expenditures		nd	МО	DAY	YEAR	ł		_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			1	.0 20	2	015	T	0	11	:	23	2015						
A. Amount Bro	ught Forward	d From	Last Re	eport				\$			4,8	364.86						
B. Total Monet	ary Contribut	tions A	and Rece	eipts (From	Sche	dule	1)	\$			4,1	150.00						
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$			9,0	14.86						
D. Total Expen	ditures (Fron	m Sche	dule III	[)				\$			2,6	39.26						
E. Ending Cash	Balance (Su	btract	Line D	From Line (C)			\$			6,3	75.60						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obliga	ations ((From S	chedule IV)			\$				0.00			1			
					AFF	IDA	١٧٧	ΓSE	CTION									
PART I - If this is	s a Committe	ee repo	rt, trea	surer sign l	here.	If thi	is is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and complete		ort, inclu	ıding the	attached scl	nedule	s filed	d on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie.
Sworn to and subs	cribed before r	me this		20							s	ignature	of Perso	n Submit	ting Rep	ort		_
								-					Prin	ted Name	e			-
My Commission Ex		Signatur	e										Ema	il				-
	мо		DA	ΛΥ	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a	a candi	idate's a	authorized	Comn	nitte	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subso	ribed before m	ne this										Si	ignature o	of Candid	ate			-
	day of							-										_
	ci	aturc						-					Printe	d Name				
My Commission Exp	_	ature											Ema	il				-
	M	10	DA	ΛΥ	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	er	٠

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PATTY KIM	From:	10/20/201	<u>5</u> To:	11/23/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	50.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	2,100.00
All Other Contributions (Part B)	\$	500.00		
TOTAL for the Reporting	\$	2,600.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting) Period	(3)	\$	1,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,150.00

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 Candidate			Re	porting I	Period			
FRIENDS OF PATTY KIM			Fre	om:	10/20/20) <u>15</u> To	:	11/23/2015
			l		DATE			AMOUNT
Full Name of Contributing Committee 1776 PAC				МО	DAY	YEAR		
Mailing Address 3031 A-WALTO	N RD. SUITE 201						\$	250.00
City PLYMOUTH MEETING	State PA	Zip Code (Plus 19462	4)	10	22	2015		
Full Name of Contributing Committee PA OPTOMETRIC PAC					DAY	YEAR		
Mailing Address 218 NORTH STREET							\$	250.00
City HARRISBURG	State PA	Zip Code (Plus	4)	10	22	2015		230.00
Full Name of Contributing Committee HRG PAC				МО	DAY	YEAR		
Mailing Address 369 EAST PARK	DRIVE						\$	250.00
City HARRISBURG	State PA	Zip Code (Plus	4)	10	22	2015		
Full Name of Contributing Committee PPFFA PAC-FUND				МО	DAY	YEAR		
Mailing Address 240 N. THIRD S				10	22	2015	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 17101	4)	20				
Full Name of Contributing Committee D.R.I.V.E. CHAPTER 776				МО	DAY	YEAR		
Mailing Address 2552 JEFFERSON ST.						\$	100.00	
City HARRISBURG	State PA	Zip Code (Plus 17110	4)	11	19	2015		

III Name of Contributing Committee UPAC			МО	DAY	YEAR	
Mailing Address 4309 N. FRONT S	TREET					\$ 250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	11	19	2015	
Full Name of Contributing Committee EXELON PAC			МО	DAY	YEAR	
Mailing Address PO BOX 805379 City CHICAGO State Zip Code (Plus 4)			11	19	2015	\$ 250.00
- CHICAGO	IL	60680				
Full Name of Contributing Committee HIGHMARK PAC						
1			МО	DAY	YEAR	
1	REET					\$ 250.00
HIGHMARK PAC	REET State PA	Zip Code (Plus 4) 17089	мо 11	DAY 19	YEAR 2015	\$ 250.00
HIGHMARK PAC Mailing Address 1800 CENTER STE	State PA					\$ 250.00
HIGHMARK PAC Mailing Address 1800 CENTER STE City CAMP HILL Full Name of Contributing Committee	State PA DUSTRIES PAC		11	19	2015	\$ 250.00 \$ 250.00

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

PAGE TOTAL \$ 2,100.00

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 Committee or Candidat	e		Rep	orting Pe	eriod			
FRIENDS OF PATTY KIM			Fro	m:	10/20/2	2015 T o) :	11/23/2015
					DATE			AMOUNT
Full Name of Contributor NEAL S. WEST				МО	DAY	YEAR		
Mailing Address 2833 N. FRONT STR	REET						\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)		10	22	2015		
	PA	17110						
Full Name of Contributor SAUL EWING LLP				МО	DAY	YEAR		
Mailing Address 1500 MARKET ST.	38TH FLOOR						\$	250.00
City PHILADELPHIA	State	Zip Code (Plus 4)		10	22	2015		
	PA	19102						
Full Name of Contributor CHRISTOPHER P. MARKLEY				МО	DAY	YEAR		
Mailing Address 97 FOXFIRE LN.							\$	150.00
City LEWISBERRY	State	Zip Code (Plus 4)		11	19	2015		
	PA	17339						
								PAGE TOTAL

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

500.00

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	g Period			
FRIENDS OF PATTY KIM			From:	<u>10/2</u>	0/2015	То:	11/23/2015
				DA	TE		AMOUNT
Full Name of Contributing Committee PSSU LOCAL 668 SEIU COPE				МО	DAY	YEAR	
Mailing Address 2589 INTERSTATE I	DR.				20	2015	\$ 500.00
City HARRISBURG	State PA	Zip Cod 17110	e (Plus 4)	10	22	2015	
Full Name of Contributing Committee AFSCME COUNCIL 13 PAC				МО	DAY	YEAR	
Mailing Address 4031 EXECUTIVE PA	ARK DR.						\$ 500.00
City HARRISBURG	State PA	Zip Code 17111	e (Plus 4)	10	22	2015	
					•		PAGE TOTAL

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

PAGE TOTAL \$ 1,000.00

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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

FRIENDS OF PATTY KIM			Fron	n:	10/20/2	015 To	: <u>11</u>	<u>1/23/2015</u>
				D/	ATE		АМО	UNT
Full Name of Contributor MARTIN G. LANE JR.				МО	DAY	YEAR		
Mailing 2407 PARK DR. SUIT	E 200						\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 17110	s 4)	10	22	2015		
Employer Name AEGIS SECURITY				Occupat	i on E	XECUTI	VE	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)
2407 PARK DR.SUITE 200		HARRISE	SURG		PA		17110	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mmary Page,	Section	on 3.		4		E TOTAL 500.00

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Peri	od	
FRIENDS OF PATTY KIM	From:	10/20/2015 To:	11/23/2015
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 Candid	ate		Reportin	g Period			
						To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period				
FRIENDS OF PATTY KIM			From	10/20	0/2015	То:	11/23/2015	
				DATE			AMOUNT	
To Whom Paid BUTTON IT UP!			мо	DAY	YEAR			
Mailing Address 3210 CLOV	ERFIELD RD.		11	10	2015	\$	600.00	
City HARRISBURG State Zip Code (Plus 4) PA 17109				Description of Expenditure VETERANS T-SHIRTS				
To Whom Paid GK VISUAL			МО	DAY	YEAR			
Mailing Address 2941 N. FR	ONT STREET		11	10	2015	\$	1,000.00	
City HARRISBURG State Zip Code (Plus 4) PA 17110			Descrip VIDEO	otion of Exp	penditure			
To Whom Paid CITY LINE DINER			мо	DAY	YEAR			
Mailing Address 3302 DERR	Y ST.		11	12	2015	\$	300.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	1	otion of Exp				
To Whom Paid FULTON BANK			МО	DAY	YEAR			
Mailing Address PO BOX 488	87		11	17	2015	\$	2.00	
City LANCASTER State PA 17604			Descrip BANK F	tion of Exp EES	enditure			
To Whom Paid KATIE MCGINTY FOR SENATE	•		МО	DAY	YEAR			
Mailing Address PO BOX 224	447		10 27 2015 \$				250.00	

Zip Code (Plus 4)

19110

PHILADELPHIA

City

State

PΑ

DONATION

Description of Expenditure

250.00

						P/	AGE 13
To Whom Paid PATTY KIM Mailing Address 2418 N. SECOND ST.			мо	DAY	YEAR		
			10	27	2015	\$	487.26
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17110	REIMBURSEMENT CAMPAIGN FUNDRAISER				
	<u> </u>	·					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,639.26