### **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				port ed B		CANI	DID	ATE		СОМ	1ITTEE	<b>✓</b>	LOBE	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		FRIE	END	S OF	PATTY	ΚIN	4								
Street Address:	2418 N. 2ND	STREET																
City:	HARRISBURG							State:		PA			Zip Cod	le: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		PC	OST-	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	E- !	5.	30 DA		PO	OST-	6. <b>X</b>		TERMINA REPORT?		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016					NG MET CHECK					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candidat	te:	_					DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR	Number	10000	DEN	1	couc	
								1	11		8	2016		(SEE IN	STRUCTIO	ONS FOR (	CODES	)
	Receipts and	МО	DAY	YEAR	₹			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	=	10 25	2	016	Т	0	1	11	2	28	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				9,5	17.64						
B. Total Monet	ary Contributions /	And Rec	eipts (From	Sche	dule	ı)	\$				8	300.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 10,317.64												
D. Total Expen	ditures (From Sch	edule II	I)				\$				8	11.36						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				9,5	06.28						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00						
				AFF	FID/	\VI	T SE	CTIO	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	rep	port, c	andio	date sig	ın here.					
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sc	nedule	s filed	d on	paper	or by ele	ectro	onic me	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this day of	•	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
							- -		-				Prin	ted Name	e			-
My Commission Ex	Signatuı opires	re							-				Ema	il				-
	мо	D	AY	YR			_		-	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			-
	day of						_						Duinta	d Name				_
	Signature						-						Printe	d Name				
My Commission Exp	<del>-</del>								-				Ema	iI				_
	МО	D	AY	YR	l l		-		•	Area	Code		Da	aytime T	elephon	e Numb	er	-

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PATTY KIM	From:	10/25/201	<u>6</u> То:	11/28/2016
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)			\$	500.00
All Other Contributions (Part D)			\$	300.00
TOTAL for the Reporting	) Period	(3)	\$	800.00
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			\$	800.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

### 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 Cand	idate		Reporting Period					
			Fro	m:		To	):	
					DATE		АМ	OUNT
Full Name of Contributor				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.

**PAGE TOTAL \$**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 P	Period		
FRIENDS OF PATTY KIM	From:	10/25/2016	То:	11/28/2016

DATE AMOUNT

Full Name of Contributing Committee PA BANKERS PUB. AFFAIRS (PAB PAC)			МО	DAY	YEAR	
Mailing Address 3897 N. FRONT ST.				_		<b>\$</b> 500.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	11	2	2016	

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

**PAGE TOTAL \$** 500.00

### 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			Rep	orting Pe	riod			
FRIENDS OF PATTY KIM			Fror	m:	10/25/2	<u>016</u> To:		<u>11/28/2016</u>
				D	ATE		АМ	IOUNT
Full Name of Contributor SUKHVINDER SINGH LONGIA				мо	DAY	YEAR		
Mailing 10 HIDDEN MEADOV Address	V DR.						\$	300.00
City MECHANICSBURG	State	Zip Code (Plus	s 4)	10	31	2016		
	PA	17050						
Employer Name				Occupa	tion	BUSINES	S OWNE	R
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed S	ummary Page,	Section	on 3.			PA	AGE TOTAL
						\$		300.00

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Per	iod	
FRIENDS OF PATTY KIM	From:	<u>10/25/2016</u> <b>To:</b>	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	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									<b>\$</b>	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				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
FRIENDS OF PATTY KIM			From	10/2	5/2016	То:	11/28/2016
				DATE			AMOUNT
<b>To Whom Paid</b> PATTY KIM			МО	DAY	YEAR		
Mailing Address 2418 N. 2NE	ST.		11	7	2016	\$	152.36
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110		otion of Exp			
To Whom Paid MADONNA AWTOWI			мо	DAY	YEAR		
Mailing Address 1810 SUSQU	JEHANNA ST.		11	14	2016	\$	57.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102		otion of Exp			
To Whom Paid HARRISBURG ROTARY CLUB			МО	DAY	YEAR		
Mailing Address 3211 N. FRC	DNT ST.		11	16	2016	\$	500.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	<b>Descri</b> p	otion of Exp	penditure		
To Whom Paid BRIAN SILVER			мо	DAY	YEAR		
Mailing Address 1462 S. 13T	'H STREET		11	16	2016	\$	100.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17104	1	otion of Exp CES RENDE		1	
To Whom Paid FULTON BANK			МО	DAY	YEAR		
Mailing Address PO BOX 488	7		11	17	2016	\$	2.00
City LANCASTER	State PA	<b>Zip Code (Plus 4)</b> 17604	<b>Descrip</b> BANK F	tion of Exp EES	enditure	1	
Futou Consider to the Constant	· · · · · · · · · · · · · · · · · · ·						PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item [	J.			\$	811.36