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 : | Filer Identification 20110285 Number : | | | | | | ; Sy : | CANDI | DATE | | СОМ | MITTEE | | LOBBYIST | | |
|---|---|--------------|-----------------------|------------|---------|-------|-----------|-------------|--------------|-------------|-----------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | Committee, Cand | lidate or I | obbyist: | | FRIE | END | S OF | PATTY KI | M | | | | | | | |
| Street Address: | 2418 N. 2N | D ST. | | | | | | | | | | | | | | |
| City: | HARRISBUF | RG | | | | | | State: | PA | | | Zip Cod | de: 17 | 7110 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2 | 2. | 30 DA | | POST- | 3. | | AMENDM REPORT | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRI | E- ! | 5. | 30 DA | | POST- | 6. X | | TERMINA REPORT | | Yes | No | ~ |
| report type) | ANNUAL REPO | RT 7. | Year 2018 | | | | | NG METHO | | | | PAPER | TTE | | | |
| Name of Office S | - Sought by Candi | date: | | | | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | МО | DAY | YE | AR | | | DEN | 1 | |
| | | | | | | | | 11 | | 6 | 2018 | | (SEE IN | ISTRUCTI | ONS FOR O | CODES) |
| Summary of Expenditures | YEAR | 2 | | | МО | DAY | YE | AR | FO | R OFFI | OFFICE USE ONLY | | | | | |
| Expenditures | irom: | | 10 23 | 2 | 018 | Т | 0 | 11 | 2 | 26 | 2018 | | | | | |
| A. Amount Bro | ught Forward F | om Last I | Report | | | | \$ | | | 26,3 | 305.65 | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule | | | | | | | | \$ 4,750.00 | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 31,05 | | | | | | | |)55.65 | | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 10,4 | 96.45 | | | | | |
| E. Ending Cash | Balance (Subtr | act Line D | From Line | C) | | | \$ | | | 20,5 | 59.20 | | | | | |
| F. Value Of In- | Kind Contribution | ns Receiv | ed (From S | chedu | le II | :) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligatio | ns (From | Schedule IV | /) | | | \$ | | | | 0.00 | | | 1 | | |
| | | | | AFF | IDA | \VI | T SE | CTION | | | | | | | | |
| PART I - If this is | s a Committee r | eport, tre | asurer sign | here. | If th | is is | a Car | ndidate re | eport, o | candi | date sig | ın here. | | | | |
| I swear (or affirm) correct and comple | | ncluding th | e attached sc | hedule | s filed | d on | paper | or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , true |
| Sworn to and subs | cribed before me | :his | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | oort | |
| | - Cign: | nture | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | - | iture | | | | | | | | | | Ema | il | | | |
| | мо | | PAY | YR | | | | | Are | ea Cod | le | Daytim | e Telepi | none Nu | mber | |
| Part II- If this is | a report of a ca | ndidate's | authorized | Comr | nitte | e, C | andid | ate shall | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | of my know | ledge and beli | ief this | polit | tical | comm | ittee has n | ot viola | ted an | y provisi | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333, |
| Sworn to and subsc | | nis | | | | | | | | | Si | ignature o | of Candid | ate | | |
| | day of —— ——— | | | | | | _ | | | | | Printe | d Name | | | |
| Signature | | | | | | | - | | Printed Name | | | | | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | |
| | МО | Γ | DAY | YR | t . | | - | | 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: | 10/23/20 | <u>18</u> To: | 11/26/2018 |
| 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) | | | \$ | 250.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 250.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 4,500.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 4,500.00 |
| 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 antotals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1 | | | \$ | 4,750.00 |

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 | Reporting | g Period | | |
|---------------------------------------|-----------|------------|-----|------------|
| FRIENDS OF PATTY KIM | From: | 10/23/2018 | То: | 11/26/2018 |
| | | DATE | | AMOUNT |

| | ame of Contributing Committee HOOL BOARD ASSOCIATION ED F | МО | DAY | YEAR | | | | |
|--------------------------------------|--|-------|-------------------|------|----|------|--------------|------|
| Mailing Address 400 BENT CREEK BLVD. | | | | | | | \$ 25 | 0.00 |
| City MECHANICSBURG | | State | Zip Code (Plus 4) | 11 | 16 | 2018 | | |
| | | PA | 17050 | | | | | |

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

PAGE TOTAL \$ 250.00

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 Fining Committee of Candidate | | | | Reporting Period From: To: | | | | | |
|---------------------------------------|-------|-------------------|---|----------------------------|------|------|----------|-------|--|
| | | | | | DATE | | AN | 4OUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | 1 | | | | | | |

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 Candida | te | | Reporting | g Period | | | | |
|--|--------------------|----------------------|-------------|----------|--------|------|------------|------------|
| FRIENDS OF PATTY KIM | | | From: | 10/2 | 3/2018 | То: | 11/26/2018 | |
| | | | | DA | TE | | , | AMOUNT |
| Full Name of Contributing Committee I.P.A.L. IRONWORKERS POLITICAL | | | | мо | DAY | YEAR | | |
| Mailing Address 981 N. PEIFFERS | LANE | | | | | | \$ | 1,000.00 |
| City HARRISBURG | State PA | Zip Cod 17109 | e (Plus 4) | 10 | 24 | 2018 | | |
| Full Name of Contributing Committee EXELON PAC | | | | | DAY | YEAR | | |
| Mailing Address 101 CONSTITUTION | ON AVE. NW. SU | | e (Plus 4) | 10 | 24 | 2018 | \$ | 500.00 |
| City WASHINGTON | DC | 20001 | e (Plus 4) | | | | | |
| Full Name of Contributing Committee MID-ATLANTIC LABORERS POLITICA | | | | мо | DAY | YEAR | | |
| Mailing Address 11951 FREEDOM | DR. #310 | | | | | | \$ | 2,500.00 |
| City RESTON | State VA | Zip Cod 20190 | e (Plus 4) | 10 | 26 | 2018 | | |
| Full Name of Contributing Committee STRATEGY PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 403 N. 2ND ST. STE. 2 | | | | | | | \$ | 500.00 |
| City HARRISBURG | State PA | Zip Cod 17101 | e (Plus 4) | 10 | 28 | 2018 | | |
| <u>, </u> | | | | | | | • | PAGE TOTAL |
| Enter Grand Total of Part C on Sci | hedule I, Detail | ed Summary Pa | age, Sectio | n 3. | | | \$ | 4 500 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 | me of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--|-------------------------------------|----------|--------------|------------------|--------|-------|------|-------|-----------|-----------------|
| | | | | Fror | n: | | To | o: | | |
| | | | | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| failing address State Zin Code (Plus 4) | | | | | | | | \$ | | 0.00 |
| City | State | Zi | p Code (Plus | 4) | | | | | | |
| Employer Name | | • | | | Occupa | tion | • | • | | |
| Employer Mailing Address/Principal Pla Business | ce of | | City | | | State | | Zip C | ode (Plus | 4) |
| Enter Grand Total of Part C on Scho | edule I, Detail | led Sumr | mary Page, | Section | on 3. | | | \$ | PAGE TO | TAL 0.00 |

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 Car | ndidate | | Report | ing Perio | od | | | |
|---------------------------------|----------------------|----------------|---------|-----------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | | |
| Enter Grand Total of Part E on | Schedule T. Detailed | d Summary Page | Section | 4 | | | P | AGE TOTAL |
| | 2, 200 0000 | | 22300 | | | | \$ | 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>10/23/2018</u> To: | 11/26/2018 | | | | | | |
| . UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 | | Reporting | g Period | | | |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
| | | | From: | | | То: | |
| | | | | 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 Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | Period | | | |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | • | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | 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 | 10/2 | 3/2018 | То: | 11/26/2018 | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid HDCC | | | МО | DAY | YEAR | | | |
| Mailing Address 205 STATE | ST. | | 10 | 31 | 2018 | \$ | 2,500.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| .,, | PA | 17101 | DONAT | | | | | |
| To Whom Paid BUTTON IT UP! LLC | МО | DAY | YEAR | | | | | |
| Mailing Address 3210 CLOV | ERFIELD RD. | 10 | 31 | 2018 | \$ | 46.37 | | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l | | |
| | PA | 17109 | витто | | | | | |
| To Whom Paid LORI SAULISBURY | | | мо | DAY | YEAR | | | |
| Mailing Address 1800 N. 6T | H ST. | | 11 | 3 | 2018 | \$ | 50.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l | | |
| | PA | 17102 | 1 | OOD REIM | | | | |
| To Whom Paid BEACON CLINIC | | · | МО | DAY | YEAR | | | |
| Mailing Address PO BOX 58 | 70 | | 11 | 3 | 2018 | \$ | 250.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 17110 | DONATION | | | | | |
| To Whom Paid | <u> </u> | | мо | DAY | YEAR | | | |
| TIMOTHY WHITE | | | | | | | | |
| Mailing Address 439 S. 14TH ST. | | | 11 | 5 | 2018 | \$ | 250.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | I | | 1 . | • | | | | |

17104

SERVICES RENDERED

PA

| | | | | | | | PAGE | 12 |
|--|----------------|---|--|---|---------------------|----|------|----------|
| To Whom Paid BEULAH BAPTIST CHURCH | | | | DAY | YEAR | | | |
| Mailing Address 100 LIVINGSTON ST. | | | 11 | 6 | 2018 | \$ | | 14.00 |
| City STEELTON St | PA | Zip Code (Plus 4) 17113 | Descrip ELECTION | penditure DOD | | | | |
| To Whom Paid DEMOND BATES | | | МО | DAY | YEAR | | | |
| Mailing Address C/O 2135 N. 6TH ST. | | | 11 | 9 | 2018 | \$ | | 60.00 |
| City HARRISBURG St | tate PA | Zip Code (Plus 4) 17110 | | Description of Expenditure FOOD REIMBURSEMENT | | | | |
| To Whom Paid JEFF STANTON | | | МО | DAY | YEAR | | | |
| Mailing Address 2302 EDGEWOOD RD. | | | 11 | 10 | 2018 | \$ | | 100.00 |
| City HARRISBURG St | PA | Zip Code (Plus 4) 17104 | Description of Expenditure SERVICES RENDERED | | | | | |
| To Whom Paid BIG BROTHERS BIG SISTERS OF THE CAP | PITAL REGION | | МО | DAY | YEAR | | | |
| | | Mailing Address 1500 N. 2ND ST. SUITE H | | | | | | |
| Mailing Address 1500 N. 2ND ST. SUITI | ΈΗ | | 10 | 24 | 2018 | \$ | | 1,000.00 |
| 1300 N. 2ND 31. 3011 | TE H tate PA | Zip Code (Plus 4) 17102 | | 24 tion of Exp | | \$ | | 1,000.00 |
| 1500 W. 2ND 51. 501W | tate | | | | | \$ | | 1,000.00 |
| City HARRISBURG St | PA | | Descrip | tion of Exp | penditure | \$ | | 1,000.00 |
| City HARRISBURG To Whom Paid VERA CORNISH Mailing Address 3815 CENTERFIELD RD | PA | | MO 10 | DAY | YEAR 2018 | | | |
| City HARRISBURG To Whom Paid VERA CORNISH Mailing Address 3815 CENTERFIELD RD | PA D. | 17102 Zip Code (Plus 4) | MO 10 | DAY 25 | YEAR 2018 | | | |
| City HARRISBURG To Whom Paid VERA CORNISH Mailing Address 3815 CENTERFIELD RD City HARRISBURG St To Whom Paid | PA D. | 17102 Zip Code (Plus 4) | MO 10 Descrip BOOK | DAY 25 tion of Exp | YEAR 2018 Denditure | | | |

| To Whom Paid PATTY KIM | мо | DAY | YEAR | | | | | | |
|--|-----------------------------------|--------------------------------|---|---|--|-----|----------------|--|--|
| Mailing Address 2418 N. 2ND ST. | | | 10 | 30 | 2018 | \$ | 151.00 | | |
| City HARRISBURG | ARRISBURG State Zip Code (Plus 4) | | | | Description of Expenditure | | | | |
| | PA 17110 | | | IGN REIME | BURSEME | NTS | | | |
| To Whom Paid PATTY KIM | | | мо | DAY | YEAR | | | | |
| Mailing Address 2418 N. 2ND ST. | | | 10 | 30 | 2018 | \$ | 100.00 | | |
| City HARRISBURG State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | |
| | PA | 17110 | TICKET REIMBURSEMENT | | | | | | |
| To Whom Paid PATTY KIM | | | МО | DAY | YEAR | | | | |
| Mailing Address 2418 N. 2ND | ST. | | 10 | 30 | 2018 | \$ | 27.27 | | |
| City HARRISBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | EVENT | REIMBURS | SEMENT | | | | | | |
| | | | | | | | | | |
| To Whom Paid PATTY KIM | <u> </u> | | МО | DAY | YEAR | | | | |
| | ST. | | мо 10 | DAY 30 | YEAR 2018 | \$ | 50.00 | | |
| PATTY KIM | ST. | Zip Code (Plus 4) | 10 | | 2018 | \$ | 50.00 | | |
| PATTY KIM Mailing Address 2418 N. 2ND | | Zip Code (Plus 4) 17110 | 10 Descrip | 30 | 2018 penditure | \$ | 50.00 | | |
| PATTY KIM Mailing Address 2418 N. 2ND | State | | 10 Descrip | 30 | 2018 penditure | \$ | 50.00 | | |
| PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid | State PA | | 10 Descrip CAMPA | 30 Ition of Exp IGN GIFTS | 2018 penditure | \$ | 50.00 21.15 | | |
| PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid PATTY KIM | State PA | | Descrip CAMPA MO | 30 Ition of Exp IGN GIFTS DAY | 2018 Penditure YEAR 2018 | | | | |
| PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND | State PA ST. | 17110 | Descrip CAMPA MO 10 Descrip | 30 Ition of Exp IGN GIFTS DAY 30 | 2018 Penditure YEAR 2018 Penditure | | | | |
| PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND | State PA ST. State | 17110 Zip Code (Plus 4) | Descrip CAMPA MO 10 Descrip | 30 Ition of Exp IGN GIFTS DAY 30 | 2018 Penditure YEAR 2018 Penditure | | | | |
| Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG | State PA ST. State PA | 17110 Zip Code (Plus 4) | Descrip CAMPA MO 10 Descrip ELECTI | 30 Ition of Exp IGN GIFTS DAY 30 Ition of Exp ON DAY ST | 2018 Penditure YEAR 2018 Penditure TICKERS | | | | |
| Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND City HARRISBURG To Whom Paid JAIME JOHNSON | State PA ST. State PA | 17110 Zip Code (Plus 4) | 10 Descript CAMPA MO 10 Descript ELECTI MO 11 | 30 Ition of Exp IGN GIFTS DAY 30 Ition of Exp ON DAY ST | 2018 Penditure YEAR 2018 Penditure TICKERS YEAR 2018 | \$ | 21.15 | | |

| | | | | | | PAGE | |
|---|--|--|-----------------------------------|--|--------|----------|----------|
| To Whom Paid CLUB XL | мо | D | PAY | YEAR | | | |
| Mailing Address 801 S. 10TH ST. | | | 10 | 2018 | \$ | | 2,000.00 |
| City HARRISBURG State Zip Code (PA 17043 | Des | Description of Expenditure ELECTION NIGHT PARTY | | | | | |
| To Whom Paid MADONNA AWOTWI | | | PAY | YEAR | | | |
| Mailing Address 1810 SUSQUEHANNA ST. | | | 13 | 2018 | \$ | | 257.00 |
| City HARRISBURG State Zip Code (PA 17102 | Des | Description of Expenditure SERVICES RENDERED | | | | | |
| To Whom Paid PATTY KIM | мо | D | PAY | YEAR | | | |
| Mailing Address 2418 N. 2ND ST. | 1 | .1 | 15 | 2018 | \$ | | 119.69 |
| City HARRISBURG State Zip Code (PA 17110 | Des | Description of Expenditure ELECTION DAY REIMBURSEMENTS | | | | | |
| | | 21101 | N DAT KL | THEORS | _1-1_1 | <u> </u> | |
| To Whom Paid FULTON BANK | мо | | DAY | YEAR | | | |
| To Whom Paid | МО | | | | \$ | | 2.00 |
| To Whom Paid FULTON BANK | MO (Plus 4) Des | .1 | DAY 16 on of Exp | YEAR 2018 | | | 2.00 |
| To Whom Paid FULTON BANK Mailing Address PO BOX 4887 City LANCASTER State Zip Code (| MO (Plus 4) Des | .1 criptic | DAY 16 on of Exp | YEAR 2018 | | J | 2.00 |
| To Whom Paid FULTON BANK Mailing Address PO BOX 4887 City LANCASTER State Zip Code (17604) To Whom Paid | (Plus 4) Des SER | .1 criptic | 16 on of Exp | YEAR 2018 enditure | | 5 | 2.00 |
| To Whom Paid FULTON BANK Mailing Address PO BOX 4887 City LANCASTER State PA 17604 To Whom Paid PATTY KIM | (Plus 4) Des SER MO (Plus 4) Des | .1 Criptic | 16 on of Exp FEE | YEAR 2018 enditure YEAR 2018 enditure | \$ | | |
| To Whom Paid FULTON BANK Mailing Address PO BOX 4887 City LANCASTER State PA 17604 To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND ST. City HARRISBURG State Zip Code (| (Plus 4) Des SER MO (Plus 4) Des | .1 Criptic | 16 on of Exp FEE DAY 18 on of Exp | YEAR 2018 enditure YEAR 2018 enditure | \$ | 5 | |
| To Whom Paid FULTON BANK Mailing Address PO BOX 4887 City LANCASTER State PA 17604 To Whom Paid PATTY KIM Mailing Address 2418 N. 2ND ST. City HARRISBURG State Zip Code (1710) To Whom Paid PA 17110 | (Plus 4) Des SER MO (Plus 4) Des CAM | .1 Criptic | 16 on of Exp FEE DAY 18 on of Exp | YEAR 2018 enditure YEAR 2018 enditure URSEME | \$ | 5 | |

| To Whom Paid PATTY KIM | | | мо | DAY | YEAR | | | |
|--|-----------------------|---------------------------|----|---|------|----|-----------------------------|--|
| Mailing Address 2418 N. 2ND ST. | | | 11 | 26 | 2018 | \$ | 92.97 | |
| City HARRISBURG State Zip Code (Plus 4) PA 17110 | | | | Description of Expenditure EVENT REIMBURSEMENTS | | | | |
| Enter Grand Total of Expend | ditures on Page 1, Re | eport Cover Page, Item D. | • | | | \$ | PAGE TOTAL 10,496.45 | |
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