

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20110285		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> KIM, PATTY FRIENDS OF												
<b>Street Address:</b> 2418 N 2ND ST												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17110			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	103	STH	DEM	22
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		5	19	2020		6	22	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$ 34,595.52						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 8,100.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 42,695.52						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,591.85						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 39,103.67						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KIM, PATTY FRIENDS OF	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 100.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 100.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 5,000.00
<b>All Other Contributions (Part D)</b>	\$ 3,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 8,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 8,100.00
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**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
	From: <span style="float: right;">To:</span>
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KIM, PATTY FRIENDS OF	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
June Wolgemuth				
<b>Mailing Address</b> 1950 Crystal Lake Trail				
<b>City</b> Bradenton	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 34211	6 22 2020	

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

<b>PAGE TOTAL</b>
\$ 100.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  KIM, PATTY FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>5/19/2020</u> <b>To:</b> <u>6/22/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee Citizens for Jordan Harris				MO	DAY	YEAR	\$ 750.00
Mailing Address 615 Chestnut St., PO Box 39717				5	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19105					
Full Name of Contributing Committee PA Medical PAC				MO	DAY	YEAR	\$ 750.00
Mailing Address PO Box 8820				5	27	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17105					
Full Name of Contributing Committee OPERATORS FOR SKILL PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 343				5	27	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					
Full Name of Contributing Committee Friends of Dan Miller				MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 13421				6	4	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15243					
Full Name of Contributing Committee Friends of Matt Bradford				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 349				6	4	2020	
City Norristown	State PA	Zip Code (Plus 4) 19404					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
McNees PAC						
Mailing Address			6	22	2020	
100 Pine St., PO Box 1166						
City	Harrisburg	State				
		PA				
		Zip Code (Plus 4)				
		17108				

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

<b>PAGE TOTAL</b>
\$ 5,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  KIM, PATTY FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>5/19/2020</u> <b>To:</b> <u>6/22/2020</u>
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				DATE	AMOUNT			
Full Name of Contributor	MO	DAY	YEAR					
Karla Jurvetson  <b>Mailing Address</b> 350 Second St. #4  <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>City</b> Los Altos</td> <td style="border: none;"><b>State</b> CA</td> <td style="border: none;"><b>Zip Code (Plus 4)</b> 94022</td> </tr> </table>	<b>City</b> Los Altos	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94022	5	25	2020	\$	2,500.00
<b>City</b> Los Altos	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94022						
<b>Employer Name</b> Karla T Jurvetson, MD				<b>Occupation</b> Physician				
<b>Employer Mailing Address/Principal Place of Business</b> 350 Second St. #4		<b>City</b> Los Altos		<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94022			

Full Name of Contributor	MO	DAY	YEAR					
Makwana Inc.  <b>Mailing Address</b> 1820 Spartan Dr.  <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>City</b> Mechanicsburg</td> <td style="border: none;"><b>State</b> PA</td> <td style="border: none;"><b>Zip Code (Plus 4)</b> 17055</td> </tr> </table>	<b>City</b> Mechanicsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055	6	4	2020	\$	500.00
<b>City</b> Mechanicsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055						
<b>Employer Name</b> Makwana Inc.				<b>Occupation</b> Makwana Inc.				
<b>Employer Mailing Address/Principal Place of Business</b> 1820 Spartan Dr.		<b>City</b> Mechanicsburg		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17055			

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

<b>PAGE TOTAL</b>
\$ 3,000.00

## 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 Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
KIM, PATTY FRIENDS OF		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KIM, PATTY FRIENDS OF	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT		
To Whom Paid Shelby Rexrode			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 4644			5	24	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure Services Rendered			
To Whom Paid Vistaprint			MO	DAY	YEAR	\$ 78.41
Mailing Address 95 Hayden Ave.			5	26	2020	
City Lexington	State MA	Zip Code (Plus 4) 02421	Description of Expenditure Campaign Expense			
To Whom Paid GoFundMe			MO	DAY	YEAR	\$ 100.00
Mailing Address 855 Jefferson Ave			5	28	2020	
City Redwood City	State CA	Zip Code (Plus 4) 94063	Description of Expenditure Donation in memory of Tyrone Gibson			
To Whom Paid Burger King			MO	DAY	YEAR	\$ 9.74
Mailing Address 3253 Paxton St.			6	2	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure Election Day lunches			
To Whom Paid Chick-Fil-A			MO	DAY	YEAR	\$ 7.62
Mailing Address 4655 Lindle Rd.			6	2	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure Election Day lunches			

To Whom Paid Patty Kim			MO	DAY	YEAR	\$ 54.95
Mailing Address 2418 N 2ND ST			6	2	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Stamps reimbursement			

To Whom Paid GoFundMe			MO	DAY	YEAR	\$ 25.00
Mailing Address 855 Jefferson Ave			6	5	2020	
City Redwood City	State CA	Zip Code (Plus 4) 94063	Description of Expenditure Fee			

To Whom Paid Torin The Film			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 89			6	5	2020	
City East Prospect	State PA	Zip Code (Plus 4) 17317	Description of Expenditure Donation for Documentary			

To Whom Paid Calvin Hynson			MO	DAY	YEAR	\$ 750.00
Mailing Address 143 Balm St			6	6	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17103	Description of Expenditure Services Rendered			

To Whom Paid Sean Rankin Sr.			MO	DAY	YEAR	\$ 200.00
Mailing Address 2237 Greenwood St.			6	6	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17104	Description of Expenditure Services Rendered			

To Whom Paid Michelle Green			MO	DAY	YEAR	\$ 250.00
Mailing Address 2527 N 6th St.			6	6	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Services Rendered			

To Whom Paid Nettie Francis			MO	DAY	YEAR	\$ 200.00
Mailing Address 247 Swatara St			6	6	2020	
City Steelton	State PA	Zip Code (Plus 4) 17113	Description of Expenditure Services Rendered			

To Whom Paid Antwan Little			MO	DAY	YEAR	\$ 200.00
Mailing Address 325 Lincoln St			6	6	2020	
City Steelton	State PA	Zip Code (Plus 4) 17113	Description of Expenditure Services Rendered			

To Whom Paid Dollar General			MO	DAY	YEAR	\$ 64.13
Mailing Address 2941 N 7th St			6	8	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Campaign Expense			

To Whom Paid Fulton Bank			MO	DAY	YEAR	\$ 2.00
Mailing Address PO Box 4887			6	17	2020	
City Lancaster	State PA	Zip Code (Plus 4) 17604	Description of Expenditure Service Fee			

To Whom Paid Jordan Garnett			MO	DAY	YEAR	\$ 250.00
Mailing Address 2311 N Front St. Apt 516			6	6	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Services Rendered			

To Whom Paid Charles White			MO	DAY	YEAR	\$ 150.00
Mailing Address 2464 Adrian St			6	6	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17104	Description of Expenditure Services Rendered			

<b>To Whom Paid</b> Paxton Ministries			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 2001 Paxton St			6	3	2020	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> Donation			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 3,591.85

