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 2022	2C1345			Rep File			CANE	COMMITTEE LOBBYIST									
Name of Filing C	Committee, Candid	late or L	obbyist:	•	PATR	RIC	< J. H	ARKINS	5									
Street Address:																		
City:								State:					Zip Code	e: 16	508			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA								Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		РО	ST-	6.		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2022					IG METI CHECK					PAPER		√	DISK	ETTE	
Name of Office S	Sought by Candida	ite:	•			-		DATE	OF	ELEC	TION		District Number	Office Code	Par	ty Cod	Code	
								МО	D	PAY	YEA	R	1	STH	DE	1	1000	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	1		8 :	2022		(SEE INS	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAR				МО	C	PAY	YEA	R	FOR	OFFIC	E USE	ONLY	,	
Expenditures	from:		5 3	20	022	T	0		6		6	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II))	\$				(0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule IV	')			\$					0.00		,				
				AFF	IDA	VI	ΓSE	CTION	I									
	s a Committee rep	•							-	•								
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	filed	on	paper	or by ele	ctro	nic me	dium, a	re to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me thi day of	s	20						_		Sig	nature	of Person	Submitt	ing Re	oort		
	Signatu	ıre					-		_				Printe	d Name	1			
My Commission Ex	cpires						_		_				Email					
	МО	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee	e, Ca	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowle	edge and beli	ef this	politi	cal	comm	ittee has	not	violat	ed any	provisi	ions of the	act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this day of		20						-			Si	ignature of	Candida	ite			-
							-		-				Printed	Name				-
My Commission Exp	Signature						-		_				Email					-
, ээлинээн схр									_									_
	МО	D.	AY	YR						Area C	Code		Day	time Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PATRICK J. HARKINS	From:	5/3/202	<u>2</u> To:	6/6/2022
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Candidate			Rep	oorting P				
			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	nme of Filing Committee or Candidate Report			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

ame of Filing Committee or Candidate				Reporting Period					
			Fron	n:		To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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 Co	lame of Filing Committee or Candidate				od			
			From:			То:		
				D	ATE		AM	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. Detailer	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 Period		
PATRICK J. HARKINS	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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 Candid	Name of Filing Committee or Candidate Re					Reporting Period					
	From:		To:	Го:							
				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 Schedule II, In-Kind Contributions Detaile			iled Sum	mary Pag	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					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period					
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00