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 :	i on 2022	C1345			Report Filed B		CANDI	DATE	✓	co	OMMITTEE		LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:			-	IARKINS									
Street Address:																
City:							State:				Zip Cod	Zip Code: 16508				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2.				AY F ARY	POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-		30 D/ ELEC		POST-	6.		TERMINA REPORT?	Yes	No	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK OI				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE O	F ELE(CTION		District Number	Office Code	Par	ty Code	County Code	
	VE IN THE GENER						мо	DAY	YE/	R	1	STH	DEM	1		
REPRESENTATI	IVE IN THE GENER	VAL ASS	LMDLI				11		8	2022]	(SEE INS	TRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE/	AR	FOF	ROFFIC	e use	ONLY		
Expenditures	s from:		9 20	20)22 T	0	10	2	.4	2022						
A. Amount Bro	ught Forward Fror	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sched	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$;			0.00						
D. Total Expen	ditures (From Sch	edule II	1)			\$	5			0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$;			0.00	-					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	e II)	\$;			0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00						
				AFFI	IDAVI	T SE	CTION									
	s a Committee rep		-								-		dadaa	and half	of	
correct and compl) that this report, inc ete.	ruaing the	attached sci	nequies	med on j	paper	or by election	ronic me	aium, i	are to	the best of	ту кном	/leage a	and ben	er, true	
Sworn to and subs	cribed before me this day of	5	20						Sig	gnatur	e of Person	Submitt	ing Rep	ort		
	Signatu	re				_					Printe	ed Name				
My Commission E	xpires					_					Email					
	МО	D	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a can				•			•								
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this	political	comm	littee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20							s	ignature of	Candida	te			
						-					Printed	l Name				
My Commission Exp	Signature					-					Email					
	MO	D	AY	YR				Area (ode		Day	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
PATRICK J. HARKINS	From:	<u>9/20/202</u>	<u>2</u> To:	<u>10/24/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g 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 Reportin	g 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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E))			
TOTAL for the Reportin	g 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

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						
			Fre	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

PAGE 3

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)								
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fro	m:		Τα):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Can	ndidate		Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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.)

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

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate				Reporting Period						
			From:			То:					
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR					
Mailing Address							\$	i	0.00		
City	State	Zip Code (Plus 4)								
Receipt Description				1	1						
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL		
		i Suillilai y Page,	Section	-			\$		0.00		

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PATRICK J. HARKINS	From:	<u>9/20/2022</u> то:	<u>10/24/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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:			То:	
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(Plus	4)							
Employer of Contributor			1		Occupa	l tion					
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution		
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL		

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00

4/29/2024 6:30:54 PM