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	20220	1345				Repo			CA	NDII	DATE	\	CO	MMITTEE		LOBE	BYIST		
Name of Filing C	ommittee, C	Candida	te or Lo	obbyist	:	i	PATR	ICk	(J. H	ARKI	NS									
Street Address:																				
City:										State	e:				Zip Cod	e: 16	508			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FF PRIMA		/ PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No		\
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FF ELECTI		/ PRE	- 5.		30 DA ELECT		Р	OST-	6. X		TERMINAT REPORT?	TION	Yes	No		√
report type)	ANNUAL RE	PORT	7.	Year 2	2022						ETHOD PAPER CK ONE					DISKE	TTE			
Name of Office S	ought by Ca	ndidate	e:				-			DAT	ATE OF ELECTION District Number Code Party					ty Code	Coun			
										мо		DAY	Υ	EAR	1	STH	DEM	1		
REPRESENTATI	VE IN THE (GENERA	AL ASS	EMBLY							11		8	2022		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		nd	МО	DAY	7	YEAR				МО		DAY	Y	EAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	from:		1	LO	25	20)22	T	0		11	:	28	2022						
A. Amount Bro	ught Forwar	d From	Last R	eport					\$					0.00						
B. Total Moneta	ary Contribu	itions A	nd Rec	eipts (F	rom	Sched	dule 1	I)	\$					0.00						
C. Total Funds	Available (S	Sum Of I	Lines A	and B))				\$					0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)					\$					0.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From L	ine (E)			\$					0.00						
F. Value Of In-	Kind Contrib	outions	Receive	ed (Fro	m So	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedul	e IV)			\$					0.00			•			
						AFF:	IDA'	VI٦	ſ SE	CTI	NC									
PART I - If this is	a Committe	ee repo	rt, trea	surer s	ign l	nere. I	f this	s is	a Can	ndida	te re	port, c	cand	idate sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attache	ed sch	edules	filed	on p	oaper (or by	electr	ronic m	ediun	n, are to t	he best of	my knov	vledge a	and beli	ef , tr	ue,
Sworn to and subs	cribed before day of	me this		20										Signature	of Person	Submitt	ing Rep	ort		_
		Signature	<u> </u>	-					-						Print	ed Name	1			-
My Commission Ex		-	-								•				Email					-
	мо)	DA	λY		YR			•		,	Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	authori	ized	Comm	ittee	, Ca	ndida	ate s	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge and	l beli	ef this	politio	cal	commi	ittee l	nas no	ot viola	ted a	ny provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		ne this												s	ignature of	Candida	ate			-
	day of — —								•						Printed	l Name				-
	Sigr	nature																		_
My Commission Exp	ires														Email					
	-	мо	DA	AY		YR						Area	Code		Da	ytime To	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PATRICK J. HARKINS	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	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 Reporting	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	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 Camulate				Reporting Period From: To:				
			Fro	m:		10):	
					DATE		AMOUNT	
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 Candi	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period					
			Fron	n:		To) :		
				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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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 Peri	od	
PATRICK J. HARKINS	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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						\$	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 Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	lame of Filing Committee or Candidate						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00