Campaign Finance Report

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

Filer Identification 60482 Report Filed By:								CC	MMITTEE		LOBI	BYIST						
Name of Filing C	ommittee,	, Candida	ate or L	obbyist:		HAF	RKIN	IS, PA	TRICK J									
Street Address:																		
City:									State:				Zip Code	:				
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDAY PRIMARY					AY ARY	POST-			AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESE PRE-ELECT		4. X	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA ELECT		POST- 6.			TERMINAT REPORT?	Yes	No		/	
report type)	ANNUAL F	REPORT	7.	Year 2006					NG METH CHECK C			PAPER		√	DISKE	TTE		
Name of Office S	Sought by (Candidat	:e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- ,								МО	DAY	YEA	R	1	STH	DEN	1	25	
REPRESENTATI	VE IN THE	E GENER	AL ASS	EMBLY					11		7 2	2006		(SEE INS	TRUCTI	ONS FOR (CODES	,
	Summary of Receipts and MO DAY YEAR MO DAY YEAR									FOR	OFFIC	E USE	ONLY					
Expenditures	from:			1 1		1	Т	0	9	9	18	2006						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$			·	0.00						
B. Total Moneta	ary Contrib	outions A	ınd Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	1)				\$			2,73	0.86						
E. Ending Cash	Balance (Subtract	Line D	From Line C	2)			\$			(2,730	.86)]					
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From Sc	:hedu	le II	I)	\$			(0.00						
G. Unpaid Debt	s And Obli	igations	(From S	chedule IV)			\$				0.00		1				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Commit	ttee repo	rt, trea	surer sign h	iere.	If th	nis is	a Can	ndidate r	eport,	candida	te siç	jn here.					
I swear (or affirm) correct and comple		port, inclu	ıding the	attached sch	edules	s file	d on	paper o	or by elec	tronic m	edium, a	re to 1	the best of r	ny know	/ledge	and beli	ef , tri	ıe
Sworn to and subs	cribed befor day of	re me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		_
		Signatur			_		_	<u>-</u>					Printe	d Name				-
My Commission Ex	cpires	Jigiia.	-										Email					-
	м	10	Di	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has i	not viola	ited any	provis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this										s	ignature of	Candida	te			-
	day of —— —			_ 20				_					Printed	Name				-
	Si	ignature						-										_
My Commission Exp													Email					
		мо	D,	AY	YR	l I		-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HARKINS, PATRICK J.	From:	То:	9/18/2006
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 ar 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting				
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

PAGE TOTAL \$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 Fining Committee of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
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 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.)

					Reporting Period					
Fro					rom: To:					
			D/	ATE			AMOUNT			
			МО	DAY	YEAR					
						\$	0.00			
Ziţ	p Code (Plus	4)								
			Occupat	tion						
	City			State		Zip Co	ode (Plus 4)			
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00			
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co			

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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
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. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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		
HARKINS, PATRICK J.	From:	To:	<u>9/18/2006</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 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	1				Re	porting	Period					
						From:				То:		
					•		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$	0.00	
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•					Occupa	ation					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution	
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
HARKINS, PATRICK J.			From			То:	9/18/2006
		,		DATE			AMOUNT
To Whom Paid PRINTING CONCEPTS			мо	DAY	YEAR		
Mailing Address 4982 PACI	FIC AVE.		4	13	2006	\$	1,382.00
City ERIE	State PA	Zip Code (Plus 4) 16506	1	otion of Exp R-LOAN TO			
To Whom Paid POSTMASTER GENERAL			мо	DAY	YEAR		
Mailing Address ERIE POST	T OFFICE		4	13	2006	\$	1,348.86
City	State	Zip Code (Plus 4)	1	otion of Exp			DMMITTEE
Enter Grand Total of Exper	nditures on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL

2,730.86