Campaign Finance Report

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

Filer Identificati	ion 6048	2			Repor	t	CANDI	DATE	\checkmark	СС	MMITTE		LOBE	BYIST	
Number :					Filed I				-						
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		HARKIN	NS, P/	ATRICK J.								
Street Address:															
City:							State:				Zip Cod	e:			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	- 2.	30 D PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY				AY I TION	POST-	- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2006				NG METHO CHECK O						\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code
DEDDESENITATI	IVE IN THE GENER						мо	DAY	YEA	R	1	STH	DEM	1	25
REPRESENTAL	IVE IN THE GENER	AL ASS					11		7	2006]	(SEE INS	TRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI		e use	ONLY	
Expenditures	s from:		1 1		1	0	10		23	2006					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$;			0.00					
B. Total Monet	ary Contributions A	And Rec	eipts (From	Schee	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expenditures (From Schedule III) \$ 2,730.86															
E. Ending Cash	Balance (Subtract	t Line D	From Line C	C)		4	5		(2,730	.86)	-				
F. Value Of In-	Kind Contributions	Receive	ed (From Sc	hedul	le II)	4	5			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV)		4	5			0.00					
				AFF	IDAVI	T SE	ECTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign h	nere. I	lf this is	s a Ca	ndidate re	eport, o	andida	te sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sch	edules	filed on	paper	or by elect	ronic m	edium, a	re to t	the best of	my knov	ledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						Sig	nature	e of Person	Submitt	ing Rep	oort	
						_					Print	ed Name			
My Commission E	Signatuı xnires	re									Email				
,	мо	DA	AY	YR		_		Are	ea Code			e Telepho	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candio	late shall	sian he	ere.						
I swear (or affirm)	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 subso	ribed before me this									s	ignature of	f Candida	te		
	day of										Drinter	Name			
	Signature					_									
My Commission Exp	-										Email				
	мо	DA	AY	YR		-		Area	Code		Da	ytime 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: To: 10/23/2006 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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 Candidate Reporting Period										
			From: To							
					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 Schedule I, Detailed Summary Page, Section 2. \$ 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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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:				m:			То:			
				DATE				IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00		

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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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>10/23/2006</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	\$	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, 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						
						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	mary Pag	le,	PAGE TOTAL						
						\$	0.0	0	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption 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

Name of Filing Committee or Candidate			Reporti	ng Period						
HARKINS, PATRICK J.						То:	<u>10/23/2006</u>			
				DATE AMOU						
To Whom Paid				DAY	YEAR					
PRINTING CONCEPTS			мо		•					
Mailing Address				13	2006	\$	1,382.00			
City ERIE State Zip Code (Plus 4)				tion of Exp	enditure					
	PA	16506	MAILER	-LOAN TO	CAMPAIC	GN				
To Whom Paid			мо	DAY	YEAR					
POSTMASTER GENERAL			NO.							
Mailing Address			4	13	2006	\$	1,348.86			
City	State	Zip Code (Plus 4)	Description of Expenditure							
				POSTAGE FOR MAILER-LOAN TO CAMPAIGN						
							PAGE TOTAL			
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item I	D .			\$	2,730.86			