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 604	82				Rep File			CA	NDII	DATE	*		СОМ	MITTEE	Ш	LOB	BYIS ⁻	Г	
Name of Filing C	Committee, Cand	date or L	obbyis	st:		HAR	KIN	IS, PA	TRIC	K J.										
Street Address:																				
City:									State	e:				z	ip Code	e:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F		Y PRE-	. 2	2.	30 DA		Р	OST-	3.			MENDME EPORT?	NT	Yes		No	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F		Y PRE-	- 5	5.	30 DA		Р	OST-	6.	Х		ERMINAT EPORT?	ION	Yes		No	\
report type)	ANNUAL REPOR	T 7.	Year	2006					NG MI			_		P	APER		V	DIS	KETTE	
Name of Office S	Sought by Candid	ate:					•		DAT	ΈO	F ELE	СТ	ION		istrict umber	Office Code	Par	ty Co	le Cou Cod	
REPRESENTATI	VE IN THE GENI	ERAL ASS	SEMBL'	Y					МО	4.4	DAY		YEAR	1		STH	DEN		25	
		мо	DA	Y	YEAR				мо	11	DAY	7	200 YEAR)6	EOD	(SEE INS	STRUCTI			5)
Expenditures	Receipts and from:		1	1		1	Т	0	-10	11		27	200)6	101	01110	L USL	ONL	-	
A. Amount Bro	ught Forward Fr	om Last R	eport					\$!	!	0.0	00						
B. Total Monet	ary Contribution	s And Rec	eipts ((From	Sched	dule	I)	\$					0.0	00						
C. Total Funds	Available (Sum	Of Lines A	and B	3)				\$					0.0	00						
D. Total Expend	ditures (From Sc	hedule II	I)					\$				2	2,730.8	6						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line (C)			\$				(2,	730.86	5)	1					
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fr	om So	chedul	e II)	\$					0.0	0						
G. Unpaid Debt	ts And Obligation	s (From S	Schedu	ıle IV)			\$					0.0	0			•			
					AFF:	IDA	VI	T SE	CTI	NC										
PART I - If this is	s a Committee re	port, trea	surer	sign l	here. I	f thi	is is	a Car	ndida	te re	port, o	can	didate s	sign	here.					
I swear (or affirm) correct and comple) that this report, ir ete.	cluding the	e attach	ned sch	nedules	filed	l on	paper	or by	electr	ronic m	ediu	ım, are t	o the	best of	my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before me the day of	nis	20										Signati	ure of	f Person	Submitt	ing Re	oort		
	Signa	ture	_					- -							Printe	d Name	1			_
My Commission Ex	-									•					Email					_
	мо	D	AY		YR						Ar	ea C	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	rized	Comm	itte	e, C	andid	ate s	hall s	sign h	ere.								
I swear (or affirm) No 320) as amende		my knowl	edge an	nd beli	ef this	politi	ical	comm	ittee l	nas no	ot viola	ted	any prov	vision	s of the	act of Ju	ıne 3,1	937 (I	P.L. 133	33,
Sworn to and subsc		s												Sign	nature of	Candida	ate			-
	day of —— ———		_ 20 _					-							Printed	Name				- $ $
My Commission Exp	Signatur	<u> </u>						-		•					Email					-
·								-												_
	МО	D	AY		YR						Area	Cod	le		Day	time To	elephor	ne Nur	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HARKINS, PATRICK J.	From:	То:	11/27/2006
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	J 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	Period			
			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.

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				oorting P m:				
					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 Candidate			Reporting	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 Scheo	dule I, Detailed Sum	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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 Detailed	l Summary Page	Section	4			P	AGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary r uge,	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		
HARKINS, PATRICK J.	From:	To:	11/27/2006
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					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

STATEMENT OF EXPENDITURES

PRINTING CONCEPTS			From	DATE		То:	11/27/2006
PRINTING CONCEPTS				DATE			
To Whom Paid PRINTING CONCEPTS Mailing Address 4093 DACIEIC							AMOUNT
Mailing Address 4002 PACIFIC			мо	DAY	YEAR		
4982 PACIFIC	AVE		4	13	2006	\$	1,382.00
City ERIE	State PA	Zip Code (Plus 4) 16506	1 .	otion of Exp			
To Whom Paid POSTMASTER GENERAL			МО	DAY	YEAR		
Mailing Address			4	13	2006	\$	1,348.86
City ERIE State PA Zip Code (Plus 4) Description of Expenditure POSTAGE FOR MAILER -							COMMITTEE
Enter Grand Total of Expendite	Dage 1 De		_				PAGE TOTAL

2,730.86