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	20052	299				Repo Filed		C	ANDI	DATE		COM	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	Candida	te or Lo	bbyist:		Н	IARKI	NS, P	AT FR	IEND	S OF								
Street Address:	2665	SCHLEY:	ST																
City:	ERIE								Sta	e:	PA			Zip Cod	le: 16	508-1	716		
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FR PRIMAR		PRE-	2.	30 D PRIN	AY 1ARY	P	POST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FR ELECTION		PRE-	5.	30 E	AY CTION	P	POST-	6.		TERMINA REPORT		Yes	N	0	√
report type)	ANNUAL I	REPORT	7. X	Year 20	006				NG M					PAPER		√	DISK	ETTE	
Name of Office S	ought by	Candidate	e:				-		DA	ΤΕ Ο	F ELE	СТІС	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VF IN THE	GENER	AL ASSI	FMBI Y					МО		DAY	Y	EAR		STH	DEN	1	25	
										11		7	2006		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DAY		YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
				1	1		1	то		12		31	2006						
A. Amount Bro	ught Forw	ard From	Last R	eport					5			1,	855.07						
B. Total Moneta	ary Contril	outions A	nd Rec	eipts (F	rom	Sched	ule I)) !	5				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)					\$			1,	855.07						
D. Total Expend	ditures (Fr	om Sche	dule II	()					\$;	300.00						
E. Ending Cash	Balance (Subtract	Line D	From Li	ne C)			\$			1,5	555.07						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (Fro	n Scl	hedule	II)		\$				0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedule	e IV)			(\$			2,	730.86		•				
						AFFI	DAV	IT SI	ECTI	ON									
PART I - If this is	a Commi	ttee repo	rt, trea	surer si	gn h	ere. If	this	is a Ca	ndida	ite re	port, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	iding the	attache	d sche	edules 1	filed o	n pape	or by	electi	ronic m	ediun	ı, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed befor	e me this		20								:	Signature	of Perso	n Submitt	ing Re _l	oort		_
		Signature	e	-				_						Prin	ted Name				-
My Commission Ex	cpires							_		·				Ema	il				
	M	10	DA	Υ		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a candi	idate's	authori	zed C	Commi	ittee,	Candi	date s	hall :	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	belief	f this p	oolitica	ıl comı	nittee	has n	ot viola	ted aı	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		me this											s	ignature o	of Candida	ite			-
-	day of — –			- <u>-</u>				_						Printe	d Name				-
	Si	gnature						_											_
My Commission Exp	ires													Ema	il				
		мо	DA	λY		YR					Area	Code		Da	aytime To	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HARKINS, PAT FRIENDS OF	From:	То:	12/31/2006
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	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 Reporting	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 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

Use	this Part to itemize onl with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From:			То	:	
		'			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.

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 Filing Committee or C	andidate		Rep Fro	oorting P m:	eriod	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 Candi	lame 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				Reporting Period					
				Fror	n:		То):	
					D	ATE		A	MOUNT
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 Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	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	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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, PAT FRIENDS OF	From:	To:	<u>12/31/2006</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candidate		Reporting					
			From:			To:	
				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	edule II, In-Kin	d Contributions Deta	iled Sum	mary Pac	ie, F		PAGE TOTAL
Section 2.	, , , , , , , , , , , , , , , , , , , ,			,		\$	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	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee o	r Candidate		Reporti	ng Period			
HARKINS, PAT FRIENDS OF	=		From			То:	12/31/2006
		l		DATE			AMOUNT
To Whom Paid GERTRUDE BARBER NATION	NAL INSTITUTE		мо	DAY	YEAR		
Mailing Address 100 BAR	BER PLACE		11	29	\$	100.00	
City ERIE	State PA	Zip Code (Plus 4) 165071899	1 -	otion of Exp			
To Whom Paid SACRED HEART	·		МО	DAY	YEAR		
Mailing Address 2501 PL	UM STREET		12	28	2006	\$	200.00
City ERIE	State PA	Zip Code (Plus 4) 165022595	Description of Expenditure PROGRAM ADVERTISEMENT				
		I					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

300.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candi	date	F	Reportin	g Period					
HARKINS, PAT FRIENDS OF		F	From:			То:		12/31	<u>/2006</u>
		·			DATE				tanding nce of Debt
Name of Creditor PRINTING CONCEPTS				МО	DAY	YEAR			
Mailing Address 4982 PACIFIO	CAVE			4	13	2006	٦ :	\$	1,382.00
City ERIE	State	Zip Code (Plus	4)	Descrip	tion of Del	ot			
PA 16506				-			S PE	RSONA	AL CHECKING
					DATE				tanding nce of Debt
Name of Creditor POSTMASTER				МО	DAY	YEAR			
				MO 4	DAY 13	YEAR 2006		\$	1,348.86
POSTMASTER Mailing Address	State	Zip Code (Plus	4)	4		2006		\$	1,348.86
POSTMASTER Mailing Address	State PA	Zip Code (Plus	4)	4 Descrip	13	2006 ot			1,348.86 AL CHECKING
POSTMASTER Mailing Address		Zip Code (Plus	4)	4 Descrip PD FOR	13	2006 ot		RSON	·
POSTMASTER Mailing Address	PA			4 Descrip PD FOR ACC.	13	2006 ot		RSON	AL CHECKING