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 200	5299			Rep File			CANDI	ANDIDATE COMMITTEE / LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:		HARI	KIN	S, PA	T FRIENI	OS OF								
Street Address:																	
City:	ERIE -							State:	PA			Zip Cod	ie: 16	5508-1	716		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2010					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candida	ate:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	YE	AR		STH	DEN	1	25	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					11		2	2010	 	(SEE IN	STRUCTIO	ONS FOR C	ODES))
	Receipts and	МО	DAY YE	AR			l	МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	20)10	T	0	6		7	2010						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			4,6	527.73						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	chec	dule	I)	\$			5	50.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			5,1	.77.73						
D. Total Expend	ditures (From Sch	iedule II	I)				\$			7	66.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			4,4	11.73]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	s And Obligation	(From S	Schedule IV)				\$			2,9	80.86						
			А	(FF	IDA	VI	ΓSE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	didate re	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sched	ules	filed	l on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat	ure					-					Prin	ted Name	e			
My Commission Ex	xpires		_				_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytin	e Teleph	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief 1	this	politi	ical	commi	ttee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of	;	20								S	ignature (of Candid	ate			_
							-					Printe	d Name				-
My Commission Exp	Signature						•					Ema	il				-
																	_
	МО	D.	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
HARKINS, PAT FRIENDS OF	From:	1/1/201	<u>0</u> To:	6/7/2010				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	\$	0.00						
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)								
Contributions Received From Political Committees (Part A)	\$	250.00						
All Other Contributions (Part B)	\$	0.00						
TOTAL for the Reporting	\$	250.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	300.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	300.00				
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	550.00				

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		
HARKINS, PAT FRIENDS OF	From:	1/1/2010	То:	6/7/2010
		DATE		AMOUNT

DATE	AMOUNT

Full Name of Contributing Committee				DAY	VEAD	
PSEA PACE			МО	DAY	YEAR	
Mailing Address			5	20	2010	\$ 250.00
City HARRISBURG	State	Zip Code (Plus 4)		20	2010	
	PA	17105-172				

PAGE TOTAL 250.00

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

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			Rep	Reporting Period					
			Fro	rom: To:					
					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.

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 Per			
HARKINS, PAT FRIENDS OF	From:	1/1/2010	То:	6/7/2010

DATE AMOUNT

Full Name of Contributing Committee				мо	DAY	YEAR	
AFSC	AFSCME-AFL-CIO COUNCIL 13 POLITICAL & LEG. B			140			\$ 300.00
Mailin	Mailing Address			5	20	2010	,
City	HARRISBURG	State	Zip Code (Plus 4)		20	2010	
		PA	17111-159				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 300.00

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	Reporting Period						
				Fron	om:			То:		
					D	ATE	AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zip Code (Plus 4)								
Employer Name	•				Occupation					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOTAL		
								\$	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	Name of Filing Committee or Candidate			eporting Period					
			From:			To:			
		'			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	'	1					<u> </u>		
	- C		. .:	_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d								
HARKINS, PAT FRIENDS OF	From:	<u>1/1/2010</u> To :	<u>6/7/2010</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 PART 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 Period					
				То:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			led Sun	mary Pa	ge,	e, PAGE TOTAL		
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.0)0
City	State		Zip Code(Plus 4)							
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business		City	у	Stat	e Zip	Code(Plus 4)	Descr	iptior	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed						PAGE TOTAL				
Summary Page, Section 3.									0.0	00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
HARKINS, PAT FRIENDS OF			From	1/	6/7/2010					
				DATE		AMOUNT				
To Whom Paid			МО	DAY	YEAR					
SACRED HEART CHURCH										
Mailing Address			5	7	2010	\$	91.00			
City ERIE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
	PA	16508-329	WINE B	ILL FOR SI	HC SPAG	HETTI DIN	INER			
To Whom Paid			мо	DAY	YEAR					
JOHN JENSEN										
Mailing Address			5	7	2010	\$	75.00			
City ERIE	City ERIE State Zip Code (Plus 4)			Description of Expenditure						
	PA	16509	GREEN SPONSOR JENSEN-LANDIS JR. MEMORIAL OPEN							
To Whom Paid DR. BARBER NATIONAL INSTITUTE				DAY	YEAR					
Mailing Address			5	7	2010	\$	100.00			
City ERIE State Zip Code (Plus 4) PA 16507				Description of Expenditure AD FOR ALL STAR BASEBALL GAME						
To Whom Paid	•	-								
HOLY TRINITY R.C. PARISH			МО	DAY	YEAR					
	11	Mailing Address								
			5	7	2010	\$	300.00			
	State	Zip Code (Plus 4)	_	7	<u> </u>	\$	300.00			
Mailing Address		Zip Code (Plus 4) 16503-219	Descript		enditure					
Mailing Address	State	' ' '	Descript AD FOR	tion of Exp	enditure					
Mailing Address City ERIE	State	' ' '	Descript	lion of Exp	enditure					
Mailing Address City ERIE To Whom Paid	State	' ' '	Descript AD FOR	tion of Exp	enditure					
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP	State	' ' '	Descript AD FOR MO	M ZABAWA	enditure A POLISH YEAR 2010	FESTIVAL	_			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address	State PA	16503-219	Descript AD FOR MO 5 Descript	M ZABAWA DAY 7	enditure A POLISH YEAR 2010 enditure	FESTIVAI	_			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address	State PA State	2ip Code (Plus 4)	Descript AD FOR MO 5 Descript T-SHIRT	DAY Tion of Exp TOONATIO	POLISH YEAR 2010 enditure ON SPIRI	FESTIVAI	_			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address City ERIE	State PA State PA	2ip Code (Plus 4)	Descript AD FOR MO 5 Descript	DAY 7 tion of Exp	enditure A POLISH YEAR 2010 enditure	FESTIVAI	100.00			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address City ERIE To Whom Paid	State PA State PA	2ip Code (Plus 4)	Descript AD FOR MO 5 Descript T-SHIRT	DAY Tion of Exp TOONATIO	POLISH YEAR 2010 enditure ON SPIRI	FESTIVAI	_			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address City ERIE To Whom Paid DR. GERTRUDE A. BARBER	State PA State PA	2ip Code (Plus 4)	Descript AD FOR MO 5 Descript T-SHIRT MO 5	DAY Tion of Exp Tion of Exp Tion of Exp DONATIO	POLISH YEAR 2010 enditure ON SPIRI YEAR 2010	\$	100.00			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address City ERIE To Whom Paid DR. GERTRUDE A. BARBER Mailing Address	State PA State PA State PA R FOUNDATION	Zip Code (Plus 4) 16501	Descript AD FOR MO 5 Descript T-SHIRT MO 5 Descript	DAY Toon of Exp Toon of Exp DAY DAY 20 Continuous Exp	POLISH YEAR 2010 enditure ON SPIRI YEAR 2010 enditure	\$ T DAY	100.00			
Mailing Address City ERIE To Whom Paid CATHEDRAL PREP Mailing Address City ERIE To Whom Paid DR. GERTRUDE A. BARBER Mailing Address City ERIE	State PA State PA State PA R FOUNDATION State	Zip Code (Plus 4) 16501 Zip Code (Plus 4) 16507	Descript AD FOR MO 5 Descript T-SHIRT MO 5 Descript SPRING	DAY Toon of Exp Toon of Exp DAY DAY 20 Continuous Exp	POLISH YEAR 2010 enditure ON SPIRI YEAR 2010 enditure	\$ T DAY \$ EIMBURSE	100.00			

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 Candidate			Reporting Period								
HARK	INS, PAT FRIENDS OF			From:		1/1/2010	То:			6/7/2010	
						DATE				standing ance of Debt	
Name of Creditor				мо	DAY	YEAR					
PRINTING CONCEPTS					140		ILAK				
Mailing Address					4	13	200	6	\$	1,382.00	
City	ERIE	State Zip Code (Plus 4)			Description of Debt						
		PA	16509	MAILER PAID FOR BY PAT HARKINS					INS		
	of Creditor				мо	DAY	YEAR				
Mailing Address				4	13	200	6	\$	1,348.86		
City	ERIE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
	PA				MAILER PAID FOR BY PAT HARKINS						
	of Creditor FIRE PREVENTION				МО	DAY	YEAR				
Mailir	ng Address				5	31	200	7	\$	250.00	
City	ERIE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
		PA			PROGRAM AD PAID FOR				BY PAT HARKINS		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL			
						\$,	2,980.86			