

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2005299		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: HARKINS, PAT FRIENDS OF										
Street Address: 2665 SCHLEY ST										
City: ERIE			State: PA		Zip Code: 16508-1716					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2010	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	STH	DEM	25	
				11	2	2010	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2010	TO	11	22	2010		
A. Amount Brought Forward From Last Report				\$		4,711.79				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		750.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		5,461.79				
D. Total Expenditures (From Schedule III)				\$		520.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		4,941.79				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		2,980.86				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

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 subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HARKINS, PAT FRIENDS OF	From: <u>1/1/2010</u> To: <u>11/22/2010</u>

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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 750.00
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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: <u>1/1/2010</u> To: <u>11/22/2010</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
GENERAL ELECTRIC POL. ACTION COMMITTEE				
Mailing Address 1299 PENNSYLVANIA AVE NW				\$ 250.00
City WASHINGTON	11	4	2010	
State DC				
Zip Code (Plus 4) 20004				

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

PAGE TOTAL
\$ 250.00

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		MO	DAY	YEAR	\$	0.00
Mailing Address						
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 HARKINS, PAT FRIENDS OF	Reporting Period From: <u>1/1/2010</u> To: <u>11/22/2010</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
PA BAR PAC				
Mailing Address 100 SOUTH ST.				\$ 500.00
City HARRISBURG	10	19	2010	
State PA				
Zip Code (Plus 4) 17107				

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

PAGE TOTAL
\$ 500.00

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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE 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: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 HARKINS, PAT FRIENDS OF	Reporting Period From: <u>1/1/2010</u> To: <u>11/22/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				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: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description 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	Reporting Period
HARKINS, PAT FRIENDS OF	From <u>1/1/2010</u> To: <u>11/22/2010</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
BARBER NATIONAL INSTITUTE	10	19	2010	\$ 100.00
Mailing Address 100 BARBER PLACE				
City ERIE				
State PA				
Zip Code (Plus 4) 16507-186				
Description of Expenditure LUNCHEON				
To Whom Paid	MO	DAY	YEAR	
NEW JERUSALEM LUTHERAN CHURCH				
Mailing Address 1346 EAST 34TH ST.	10	19	2010	\$ 50.00
City ERIE				
State PA				
Zip Code (Plus 4) 16504				
Description of Expenditure PROGRAM AD				
To Whom Paid	MO	DAY	YEAR	
IRENE WEHAN				
Mailing Address 3311 OLD FRENCH ROAD	10	19	2010	\$ 10.00
City ERIE				
State PA				
Zip Code (Plus 4) 16504				
Description of Expenditure RAFFLE TICKETS				
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF BRIAN MCGRATH				
Mailing Address C/O JIM MCCALL 625 GOLD AVE.	10	19	2010	\$ 50.00
City ERIE				
State PA				
Zip Code (Plus 4) 16509				
Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid	MO	DAY	YEAR	
KATHY DAHLKEMPER FOR CONGRESS				
Mailing Address PO BOX 1045	10	26	2010	\$ 200.00
City ERIE				
State PA				
Zip Code (Plus 4) 16512-104				
Description of Expenditure CAMPAIGN CONTRIBUTION				

To Whom Paid VISITING NURSE ASSOCIATION			MO	DAY	YEAR	
Mailing Address 2253 WEST GRANDVIEW BLVD			11	3	2010	\$ 50.00
City ERIE	State PA	Zip Code (Plus 4) 16506-450	Description of Expenditure PROGRAM AD			
To Whom Paid GEM CITY LODGE # 328			MO	DAY	YEAR	
Mailing Address 1 B PO ELKS OF THE WORLD 126 EAST 11			11	5	2010	\$ 60.00
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 520.00

SCHEDULE IV

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 HARKINS, PAT FRIENDS OF				Reporting Period From: <u>1/1/2010</u> To: <u>11/22/2010</u>			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor PRINTING CONCEPTS				MO	DAY	YEAR	\$ 1,382.00
Mailing Address 4982 PACIFIC AVE				4	13	2006	
City ERIE	State PA		Zip Code (Plus 4) 16509	Description of Debt MAILER PAID FOR BY PAT HARKINS			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor POSTMASTER GENERAL				MO	DAY	YEAR	\$ 1,348.86
Mailing Address ERIE POST OFFICE				4	13	2006	
City ERIE	State PA		Zip Code (Plus 4)	Description of Debt MAILER PAID FOR BY PAT HARKINS			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor ERIE FIRE PREVENTION				MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 452				5	31	2007	
City ERIE	State PA		Zip Code (Plus 4)	Description of Debt PROGRAM AD PAID FOR BY PAT HARKINS			
						PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$ 2,980.86	