#### **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	2005	299				orted B		CA	NDII	DATE		COMN	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		FRIE	END:	S OF	PAT I	IAR	KINS								
Street Address:																			
City:	ERIE								State	e:	PA			<b>Zip Code:</b> 16508-1716					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRII PRIMARY	30 DA		Р				AMENDM REPORT?	Yes	N	0	<b>\</b>				
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRII ELECTIO		E	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL	REPORT	7. <b>X</b>	Year 201	.0			FILING METHOD ( ) CHECK ONE					PAPER		<b>\</b>	DISK	ETTE		
Name of Office S	ought by	Candidat	:e:						DAT	ΈO	F ELE	СТІС	N	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN TH	E GENER	AL ASS	EMBLY					МО		DAY	YI	EAR		STH	DEN	1	25	
										11		2	2010		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and Expenditures from:							_	_	МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	,	
				1	1 2	2010	ı	<u>О</u>		12		31	2010						
A. Amount Bro				-				\$				4,4	441.79						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 4,441.79																			
D. Total Expenditures (From Schedule III) \$ 300.00																			
E. Ending Cash Balance (Subtract Line D From Line C)							\$				4,1	41.79							
F. Value Of In-				•		ıle II	)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule	IV)			\$				2,9	980.86						
					AFI	FIDA	١٧٧	T SE	CTIC	NC									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sig	n here.	If th	is is	a Car	ndidat	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached	schedule	s file	d on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	ore me this		20								S	Signature	of Perso	1 Submitt	ing Rep	ort		_
		Signatur	·e					-						Prin	ted Name				_
My Commission Ex	opires .							_		-				Emai	il				
		мо	D/	AY	YR	l .					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		$\Box$
Part II- If this is	a report	of a cand	lidate's	authorize	d Com	mitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and b	elief thi	s polit	ical	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed befor	e me this		20									Si	ignature o	f Candida	te			_
								-						Printe	d Name				-
		Signature						-						Ema					_
My Commission Exp	ires													ста					
	_	мо	D/	AY	YI	₹		-			Area	Code		Da	ytime Te	lephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period							
FRIENDS OF PAT HARKINS	From:	1/1/201	<u>0</u> To:	12/31/2010					
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	J 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

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						
Fr					:				
		·		DATE			AMOUNT		
Full Name of Contributing Comm	nittee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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 Filing Committee or Candidate Reporting Period										
			From: To			):				
		-		DATE			AMOUNT			
Full Name of Contributor			мо	DAY	YEAR					
Mailing Address						\$	0.00			
_	Gt-t-	Zin Code (Blue 4)		1	I					
City	State	Zip Code (Plus 4)								

#### **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 Comn	nittee			мо	DAY	YEAR		0.00	
Mailing Address							<b>*</b>	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect						\$	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						
			Fron	n:		To	):		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 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	or Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				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								
FRIENDS OF PAT HARKINS	From:	<u>1/1/2010</u> <b>To:</b>	<u>12/31/2010</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 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 Ca	Name of Filing Committee or Candidate R				Reporting Period					
	F					To:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						<b> </b>	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•						
				_	Г					
Enter Grand Total of Part F of Section 2.	nter Grand Total of Part F on Schedule II, In-Kind Contributions De				ge,		PAGE TOTAL			
						\$	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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	usiness City State Zip Code(Plus 4) Description of				ion of Contribu	tion			
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

**PAGE TOTAL** 

300.00

\$

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF PAT HARKINS	FRIENDS OF PAT HARKINS			1/1	12/31/2010				
					DATE AN				
To Whom Paid				DAY	YEAR				
BARBER NATIONAL INSTITUTE									
Mailing Address			11	23	2010	\$	200.00		
City ERIE	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	16507-186	CHRISTMAS BALL						
To Whom Paid			мо	DAY	YEAR				
ASSUMPTION GREEK ORTHODOX CHUR	CH		140		ILAK				
Mailing Address	Mailing Address			10	2010	\$	100.00		
City ERIE State Zip Code (Plus 4)				tion of Exp	enditure	•			

16505

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

PROGRAM AD

## 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 o	ame of Filing Committee or Candidate Repor				ting Period						
FRIEND	OS OF PAT HARKINS			From:		1/1/2010	То:		12/31/	<u>2010</u>	
						DATE			Outstand Balance		
Name	of Creditor				мо	DAY	YEAR				
PRINT:	ING CONCEPTS										
Mailing	g Address				4	13	2006	5	\$	1,382.00	
City	ERIE	State	Zip Code (P	lus 4)	Description of Debt						
	PA 16509					MAILER PAID FOR BY PAT HARKINS					
	of Creditor				мо	DAY	YEAR				
	g Address				4	13	2006	5	\$	1,348.86	
		Г									
City	ERIE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
		PA			MAILER	PAID FOR	BY PA	T HA	ARKINS		
	of Creditor TRE PREVENTION				МО	DAY	YEAR				
Mailing	g Address				5	31	200	7	\$	250.00	
City	ERIE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
		PA			PROGRA	AM AD PAI	D FOR	BY F	PAT HARI	KINS	
									PA	GE TOTAL	
Ent	er Grand Total of Unpaid Debt	ts on Page 1, Repo	rt Cover Pa	ge, Item	G.			\$		2,980.86	