Campaign Finance Report

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

Filer Identification 2005299 Report CANDIDATE CO							COMN	1ITTEE	✓	LOB	BYIST								
Name of Filing C	ommittee	, Candida	ite or Lo	obbyist:		FRIE	END	S OF	PAT F	IAR	KINS				·				
Street Address:	2665	SCHLEY	ST																
City:	ERIE								State	e: PA				Zip Code: 16508-1716					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIE PRIMARY	AY PRE	≣- :	2.	30 DA		Р	POST- 3.			AMENDM REPORT?	Yes	N	0	√	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIE		E	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	Yes	N	0	\	
report type)	ANNUAL	REPORT	7. X	Year 201	0				NG METHOD CHECK ONE					PAPER		√	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	DE	1	25	
										11		2	2010		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and Expenditures from: MO DAY YEAR MO DAY YEAR TO 10 10 10 10 10 10 10 10 10 10 10 10 10									EAR	FO	R OFFIC	E USE	ONLY						
				1	1 2	2010	T	0		12		31	2010						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				4,4	141.79						
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-	Kind Cont	ributions	Receive	ed (From	Schedu	ıle II	()	\$					0.00						
G. Unpaid Debt	s And Obl	igations ((From S	chedule	IV)			\$				2,9	980.86						
					AF	FIDA	٩VI	T SE	CTIC	NC									
PART I - If this is	a Commi	ttee repo	rt, 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, inclu	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	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20						•		S	Signature	of Perso	1 Submitt	ing Re _l	ort		_
		Signatur	e					-		•				Prin	ted Name				_
My Commission Ex	pires	_								-				Emai	i				_
	Ī	МО	D/	λY	YR	ł					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorize	d Comi	mitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and b	elief this	s polit	tical	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed befor day of	e me this		20									Si	ignature o	of Candida	ite			_
								-						Printe	d Name				-
	S	ignature						-											_
My Commission Exp	ires													Emai	II.				
	_	мо	D	AY	YI	R		•			Area Code Daytime Telephone Nu					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	g 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
			ı	_
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

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period					
			Fre	om:		То	:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
	•	·			•	•	$\overline{}$	DACE 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 Fining Committee of Candidate			Rep	Reporting Period					
			Fro	From: To:					
					DATE		АМ	OUNT	
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.

ame 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.)

lame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	То:		
					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	ode (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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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> To:	12/31/2010							
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 Candidat	Name of Filing Committee or Candidate			Reporting 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	ame of Filing Committee or Candidate				Reporting Period					
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporting Period						
FRIENDS OF PAT HARKINS	FRIENDS OF PAT HARKINS				From <u>1/1/2010</u> To: <u>1</u>				
		DATE AMOUNT							
To Whom Paid BARBER NATIONAL INSTITUT	МО	DAY	YEAR						
Mailing Address 100 BARBER PLACE				23	2010	\$	200.00		
City ERIE	State PA	Zip Code (Plus 4) 16507-186	1 -	otion of Exp					
To Whom Paid ASSUMPTION GREEK ORTHO	DOX CHURCH		МО	DAY	YEAR				
Mailing Address 4376 WEST LAKE ROAD			12	10	2010	\$	100.00		
City ERIE	State PA	Zip Code (Plus 4) 16505	Description of Expenditure PROGRAM AD						

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

PAGE TOTAL

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 Committe	ee or Candidate			Reportir	ing Period					
FRIENDS OF PAT HARKI	NS			From:		1/1/2010	То:		12/31/2010	
						DATE			Outstanding Balance of Debt	
Name of Creditor PRINTING CONCEPTS					МО	DAY	YEAR			
Mailing Address 498	82 PACIFIC AVE				4	13	2006	5 \$	1,382.00	
City ERIE	City ERIE State Zip Code (Plus 4) PA 16509					otion of Del		т на	ARKINS	
						DATE			Outstanding Balance of Debt	
Name of Creditor POSTMASTER GENERAL	-				МО	DAY	YEAR			
Mailing Address ERI	IE POST OFFICE				4	13	2006	5 \$	1,348.86	
City ERIE	St:	a te A	Zip Code (Plu	ıs 4)	l -	otion of Del	bt R BY PAT HARKINS			
						DATE			Outstanding Balance of Debt	
Name of Creditor ERIE FIRE PREVENTION	I				МО	DAY	YEAR			
Mailing Address P.C). BOX 452				5	31	2007	7 \$	250.00	
City ERIE	St:	a te A	Zip Code (Plu	ıs 4)	l -	otion of Del		BY P	PAT HARKINS	
	•								PAGE TOTAL	
Enter Grand Total	of Unpaid Debts o	on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	2,980.86	