#### **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 960	0334			Repo Filed			CAND	ANDIDATE COMMITTEE LOBBYIST						BYIST	<b>√</b>	
Name of Filing C	Committee, Candi	date or L	obbyist:	7	Гата	ira	Stine										
Street Address:	215 Pine Str	eet,Suite	203														
City:	Harrisburg							State:	PA			Zip Cod	ie: 17	7101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes			<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		<b>√</b>
report type)	ANNUAL REPOR	7. <b>X</b>	<b>Year</b> 2013				( ) CHECK ONE					PAPER DISKE			TTE		
Name of Office S	Sought by Candid	ate:	•					DATE C	)F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Cour	
								МО	DAY	YI	AR		12222	<u> </u>		-	
								11		5	2013		(SEE IN	STRUCTI	ONS FOR (	ODES	)
	Receipts and	МО	DAY YE	AR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		11 26	20	)13	T	<u>О</u>	12	2	31	2013						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule 1	[)	\$				0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			'			
			А	FF	[DA\	VΙ	ΓSE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign her	e. I	f this	is	a Can	ndidate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached schedu	ıles	filed	on į	paper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me th day of	is	20							9	ignature	of Perso	n Submit	ting Re	oort		
	Signat	ure					-					Prin	ted Nam	e			_
My Commission Ex	_											Ema	il				-
	мо	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized Cor	mm	ittee	, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and belief t	his <sub>l</sub>	politic	cal	commi	ittee has r	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 133	3,
Sworn to and subsc		5									s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	pires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephoi	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Tamara Stine	From:	11/26/201	<u>3</u> To:	12/31/2013
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	) 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	J 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			\$	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 Filing Committee of Candidate				Reporting Period From: 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.

**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	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				orting Pe	riod			
			Froi	m:				
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
Tamara Stine	From:	<u>11/26/2013</u> <b>To:</b>	12/31/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	١	
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ame of Filing Committee or Candidate						
	From:			To:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	Name of Filing Committee or Candidate					porting	Period					
					Fro	m:		То	То:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (	Contributio	on
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	ed					PAGE TOT	ΓAL	
Summary Page, Section 3.								0.00				

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure						
Enter Grand Total of Expenditures					PAGE TOTAL						
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00				