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 :	ion 9600	334			Repor Filed		CAND	IDATE		СОММ	AITTEE		LOBI	BYIST	\checkmark
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		STINE,	TAMA	RA MCK	INNEY							
Street Address:	212 N. 3RD S	T. STE	203												
City:	HARRISBURG						State:	PA			Zip Co	de: 17	101-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST-	3.		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2014				NG METH CHECK C				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE (OF ELEC			District Number		Par	ty Code	County Code
							мо	DAY	YEA	R			/		
							11	1	4	2014		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	:	11 25	20	014 1	ГО	12	2 3	31	2014	\triangleright				
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			~	0.00					
B. Total Monet	ary Contributions A	And Rec	eipts (Fron	n Schee	dule I)	\$)	0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	y `	\checkmark	/	0.00					
D. Total Expen	ditures (From Sche	edule II	I)		$\langle \ $	\$				0.00					
E. Ending Cash	Balance (Subtract	: Line D	From Line	c)		\$	\checkmark			0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	0		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. I	f this i	s a Ca	ndidate r	eport, c	andida	ate sig	jn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elec	tronic me	edium, a	are to t	he best c	of my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before me this day of)	20						Sig	gnature	e of Perso	on Submitt	ing Rep	oort	
	Signatur	re				_					Prir	nted Name	1		
My Commission E	kpires					_					Ema	ail			
	мо	D	Α Υ	YR				Are	ea Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, O	Candid	ate shall	l sign he	ere.						
I swear (or affirm) No 320) as amendo	that to the best of med.	ny knowle	edge and beli	ief this	political	comm	ittee has	not violat	ed any	provisi	ions of th	e act of Ju	une 3,19	937 (P.L	1333,
Sworn to and subso	ribed before me this									Si	ignature	of Candida	ate		
	day of 					_					Printe	ed Name			
	Signature					_									
My Commission Exp	bires										Ema	311			
	мо	D	AY	YR		_		Area C	Code		D	aytime To	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
STINE, TAMARA MCKINNEY	From: <u>11/25/20</u>	<u>14</u> To: <u>1</u>	12/31/2014							
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)		\$	0.00							
All Other Contributions (Part B)		\$	0.00							
TOTAL for the Reporting	\$	0.00								
3. Contributions Received Over \$250.00 (From Part C and Part D)		1								
Contributions Received From Political Committees (Part C)		\$	0.00							
All Other Contributions (Part D)	DY	\$	0.00							
TOTAL for the Reporting	Period (3)	\$	0.00							
	1									
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	d enter amount ge, Item B.)	\$	0.00							

PAGE 3

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 Candida	te		Re	porting	Period					
			Fro	om:		To:				
					DATE		АМО	DUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address	State	Zip Code (Plus						0.00		
City	State		4)				\searrow			
Enter Grand Total of Part A on Sche	edule I, Detailed Sur	nmary Page, S	ectio	n 2.		>	PAGE \$	TOTAL 0.00		

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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										
				m:		То):			
					DATE			-		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	4							
	PAGE TOTAL									
Enter Grand Total of Part A on S	Schedule I, Detaile	d Summary Pag	je, S	ection 2			\$	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			Reporting	g Period				
			From:			То:		
				DA	TE			
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							•	0.00
City	State	Zip Code	e (Plus 4)					
Enter Grand Total of Part C on Sched	ule I. Detailed Sum	many Dr	ngo Eastia		\mathbf{N}		PAGE T	OTAL
Enter Grand Total of Part C on Sched	ule I, Detailed Sum		age, Sectio	n 3.	\searrow		\$	0.00

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	rom: To:					
				D	ATE				
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)				1		
Employer Name				Occupa	tion				
Employer Mailing Address/Principal B Business	Place of	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:			То:			
L				D	ATE		AMOUN	г	
Full Name				мо	DAY	YEAR			
Mailing Address								0.00	
City	State	Zip Code (I	Plus 4)						
Receipt Description			4			\searrow			
Enter Grand Total of Part E on Schedu	le I, Detailed Summ	nary Page,	Section	4.	\checkmark	Γ	PAGE TO	DTAL	
							\$	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									
STINE, TAMARA MCKINNEY	From:	<u>11/25/2014</u> To:	12/31/2014							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	TF)									
TOTAL for the Reporting Pe	riod (2)		0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	riod (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 Candidate	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE		AMOUNT			
Full Name of Contributor				DAY	YEAR				
Mailing Address						5	0.00		
City	State Zip Code (Plus 4)								
Description of Contribution:						1			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.				tailed Summary Page, PAGE TOTAL					
				\sum	\$	•	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
			From:	То:							
				DATE	AMOUNT						
Full Name of Contributor				DAY	YEAR						
Mailing Address					\$ 0.00						
City	State	Zip Code(Plus 4)									
Employer of Contributor			Occupation								
Employer Mailing Address/Principal Place of City State Business				Zip Code(Plus 4) Description of Contributio							
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions De	tailed		PAGE TOTAL 0.00						
					<u>.</u>						

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From	rom To:				
			DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR			
Mailing Address						Ss v	0.00	
City	Description of Expenditure							
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D				РА \$	GE TOTAL 0.00	
				\sum				