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 :	i on 9600	334			Repor Filed I		CANE	DIDAT	TE	СОМІ	MITTEE		LOBE	BYIST	✓	
Name of Filing O	Committee, Candida	ate or L	obbyist:		STINE,	ТАМ	ARA MCI	KINN	EY							
Street Address: 212 N. 3RD ST. STE 203																
City:	HARRISBURG						State:	PA	\		Zip Code: 17101-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 D PRIM		POST- 3. AMENDMENT Y REPORT?					Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY TION	POS	T- 6.		TERMINA REPORT?		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2016				NG METI CHECK				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candidat	te:					DATE	OF E	LECT	ION	District Number	Office Code	Par	ty Code	County Code	
							мо	DA	Y	YEAR		1				
							1	1	8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DA	٩Y	YEAR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		3 8	20	016 T	0		4	11	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$	5			0.00						
B. Total Monet	ary Contributions /	And Rec	eipts (From	1 Schee	dule I)	4	5			0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			4	5			0.00						
D. Total Expen	ditures (From Scho	edule II	I)			4	5			2,500.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			5		(2	,500.00)	4					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	4	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		4	5			0.00						
				AFF	IDAVI	T SE		١								
	s a Committee repo		-					•			-					
correct and compl) that this report, incl ete.	uding the	e attached sci	neaules	filed on	paper	or by ele	ctroni	c mea	um, are to	the best of	г ту кпом	leage	and bell	ef , true	
Sworn to and subs	cribed before me this day of	•	20							Signature	e of Persor	n Submitt	ing Rep	ort		
						_					Print	ted Name				
My Commission E	Signatu xpires	re									Emai	1				
	мо	D	AY	YR		_			Area	Code		e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, C	andio	late sha	ll sigr	n here	e.						
I swear (or affirm) No 320) as amendo	that to the best of n ed.	ny knowle	edge and beli	ef this	political	com	nittee has	not v	iolated	l any provis	ions of the	e act of Ju	ne 3,19	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20					-		S	ignature o	of Candida	te			
						-					Printe	d Name				
My Commission Exp	Signature					-					Emai	il				
						_										
	мо	D	AY	YR				A	rea Co	de	Da	aytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
STINE, TAMARA MCKINNEY	From:	<u>3/8/201</u>	<u>6</u> To:	<u>4/11/2016</u>
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) 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
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					
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	City State Zip Code (Plus 4)								
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Period						
	From:	То:							
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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					
Fre					From:				
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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		
STINE, TAMARA MCKINNEY	From:	<u>3/8/2016</u> To:	<u>4/11/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
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 Re			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate					Reporting Period					
	Fro	From:								
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation		•			
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period					
STINE, TAMARA MCKINNEY			From	From <u>3/8/2016</u>			<u>4/11/2016</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Com to elect Brewster									
Mailing Address unknown			3	15	2016	\$	500.00		
City unknown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17001	political	political contribution					
To Whom Paid			мо	DAY	YEAR				
Com to elect Brewster									
Mailing Address unknown			4	4	2016	\$	1,000.00		
City unknown	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17001	poliyica	l contributi	ion				
To Whom Paid			мо	DAY	YEAR				
Com to elect Brewster			no						
Mailing Address unknown			4	11	2016	\$	1,000.00		
City unknown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17001	political	l contributi	on				
			_				PAGE TOTAL		
Enter Grand Total of Expendit	ures on Page 1, R	eport Cover Page, Item I) .			\$	2,500.00		