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 :		Report CAND		DIDA	ATE		COMM	1ITTEE		LOBI	BYIST	✓						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		STI	NE,	TAMA	RA MCI	KINN	NEY								
Street Address:	212 N. 3RD S	T. STE	203															
City:	HARRISBURG							State:	P	Α			Zip Cod	le: 17	7101-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						No	•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY	/ PRE	≣- !	5. X	30 DA		POS	ST- 6	5.		TERMINA REPORT?		Yes	No		\checkmark
report type)	ANNUAL REPORT	7.	Year 2019					NG MET					PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE	OF I	ELEC	TIOI	N	District Number	Office Code	Par	ty Code	Coun	
								МО	D.	AY	YE	AR	Number	Tcode			Coue	
								1	1	!	5	2019		(SEE IN	STRUCTI	ONS FOR (CODES))
	Receipts and	МО	DAY	YEAR	ł			МО	D	AY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	Expenditures from: 9 17 2						0	1	.0	2	1	2019						
A. Amount Brought Forward From Last Report \$							_				0.00							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$				2,00	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (:)			\$			(2,00	0.00)						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II	:)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$					0.00						
				AFF	IDA	\VI	T SE	CTIO	1									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere. I	If th	is is	a Car	ndidate	repo	ort, ca	ndid	ate sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	d on	paper	or by ele	ctron	nic med	dium,	are to t	he best of	f my knov	wledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed before me this	•	20						_		Si	gnature	of Persoi	n Submit	ting Rep	ort		-
			_				- -		_				Print	ted Name	•			-
My Commission Ex	Signatu opires	re							_				Emai	il				-
	мо	D	AY	YR			-		_	Area	Code	e		e Teleph	one Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	hall sign here.							百		
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	polit	tical	comm	ittee has	not	violate	ed any	, provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subso	ribed before me this								Signature of Candidate							-		
	day of		_ 20				_		_									_
	G:- ·						_						Printe	d Name				
My Commission Exp	Signature pires												Emai	il				-
	МО	D	AY	YR	l		-		_	Area C	ode		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
STINE, TAMARA MCKINNEY	From:	<u>9/17/201</u>	<u>9</u> To:	10/21/2019
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) 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	y 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 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

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:		То	:			
			'		DATE			AMOUNT		
Full Name of Contributing	J Committee			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.

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			o:			
					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.

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	ame of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To	o :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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 Perio	d	
STINE, TAMARA MCKINNEY	From:	<u>9/17/2019</u> To:	10/21/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

PAGE TOTAL

2,000.00

\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate									
STINE, TAMARA MCKINNEY	STINE, TAMARA MCKINNEY				From 9/17/2019 To: 10/21/					
				AMOUNT						
To Whom Paid				DAY	YEAR					
Citizens for Mackenzie										
Mailing Address unknown			10	3	2019	\$	1,000.00			
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17110	political	contribution	on					
To Whom Paid			мо	DAY	YEAR					
Citizens for Mackenzie			1-10		ILAK					
Mailing Address unknown			10	15	2019	\$	1,000.00			
City Harrisburg State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
	PA	17110	political	contribution	on					

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