LOBBYIST

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	9600	334				_	port ed B		CAI	NDII	DATE COMMITTEE LOBBYIST						BYIST	✓	
Name of Filing C	Committee	, Candida	ate or Lo	obby	ist:		STII	NE,	TAMA	RA M	CKII	NNEY								
Street Address:	212 N	N. 3RD S	T. STE	203																
City:	HARR	ISBURG								State	e:	PA			Zip Cod	e: 17	101-0	000		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.		FRIDAY	/ PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	AMENDMENT Yes No				
(place X to the right of	6TH TUES		4.		FRIDAY	/ PRE	≣-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Yea	r 2019					NG ME			•		PAPER	PAPER DISK				
Name of Office S	Sought by	Candidat	te:	-						DAT	ΕO	F ELE	CTIC	DN	District Number	Office Code	Par	ty Code	Cour	
	,									МО		DAY	Υ	EAR	Number	Tcode			Couc	
											11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	МО	D.	AY	YEAR	1			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			9	17	2	019	Т	0		10	7	21	2019						
A. Amount Bro	ught Forw	ard Fron	n Last R	epor	t				\$					0.00						
B. Total Monet	ary Contri	butions A	And Rec	eipts	(From	Sche	dule	: I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and	В)				\$					0.00						
D. Total Expend	ditures (F	rom Sche	edule II	I)					\$				2,	000.00						
E. Ending Cash	Balance ((Subtract	Line D	From	ı Line C	E)			\$				(2,0	00.00)						
F. Value Of In-	Kind Cont	ributions	Receiv	ed (F	rom Sc	hedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obl	ligations	(From S	Sched	lule IV)			\$					0.00		,				
						AFF	IDA	١٧٢	T SE	CTIC	NC									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and complete		eport, incl	uding the	attac	ched sch	edules	s file	d on	paper	or by e	electr	ronic m	ediun	n, are to t	he best of	my knov	rledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo	ore me this	:	20										Signature	of Person	Submitt	ing Rep	oort		_
		Signatu	r a	_					-						Print	ed Name				_
My Commission Ex	cpires	o.g.i.aca.									•				Emai	ļ				-
	Ī	мо	D	ΑY		YR			_		,	Are	ea Co	de	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	auth	orized	Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge a	and belie	ef this	polit	tical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		e me this												s	ignature o	f Candida	te			-
	day of —— -			20 -					-						Printe	d Name				-
	s	ignature							-											_
My Commission Exp	ires														Emai	I				
		МО	D	AY		YR			•			Area	Code		Da	ytime Te	lephor	ne Numl	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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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.

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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o:	
			•		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	١					

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	date		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.)

Name of Filing Committee or Candidate			Repo	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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 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	n Schedule T. Detailed	l Summary Page.	Section	4.			PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$ 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 Candi	date		Reportin	g 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 S Section 2.	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
occion Ei						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period				
STINE, TAMARA MCKINNEY			From	9/1	7/2019	То:	10/21/2019	
			DATE AMOU					
To Whom Paid Citizens for Mackenzie			мо	DAY	YEAR			
Mailing Address unknown				3	2019	\$	1,000.00	
City Harrisburg	State PA	Zip Code (Plus 4) 17110		ption of Exp al contribut				
To Whom Paid Citizens for Mackenzie			МО	DAY	YEAR			
Mailing Address unknown			10	15	2019	\$	1,000.00	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Descri politica					
	l	L					PAGE TOTAL	

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

2,000.00