### **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 202	200146				port ed B		CAN	IDI	DATE		СОМ	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	Committee, Candi	idate or L	obbyist:		TIM	1 DEF	FOOR	FOR A	NUD	ITOR	GENI	RAL		·				
Street Address:																		
City:	HARRISBUR	G						State	:	PA			Zip Cod	le: 17	108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PR Y	E-	2.	30 DA		P	POST- 3. <b>X</b>			AMENDM REPORT?	Yes	N	0	<b>/</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR	IDAY PR ON	RE-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	O	<b>\</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	Year 20	)20				OHECK		_			PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	- Sought by Candid	ate:						DATE	0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
								МО		DAY	YI	AR		•	REF	1	•	
									11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES	)
	Receipts and	МО	DAY	YEA	R			МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:		5	19	2020	T	0		6	2	22	2020						
A. Amount Bro	ught Forward Fro	om Last R	Report				\$				2,3	385.50						
B. Total Moneta	ary Contributions	s And Rec	eipts (F	rom Sch	edule	e I)	\$					300.00						
C. Total Funds	Available (Sum (	Of Lines A	and B)				\$				2,6	585.50						
D. Total Expend	ditures (From Sc	hedule II	Ί)				\$					12.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C)			\$				2,6	73.50						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fror	n Sched	ule I	I)	\$				1,6	89.24						
G. Unpaid Debt	ts And Obligation	s (From	Schedule	iV)			\$					0.00		,				
				AF	FID	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Committee re	port, trea	surer si	gn here.	If th	nis is	a Car	ndidate	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding th	e attached	i schedul	es file	d on	paper	or by el	ectr	onic m	edium	, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me th day of	nis	20						•		S	Signature	of Perso	1 Submitt	ing Re <sub>l</sub>	ort		_
	Signa	ture					- -		•				Prin	ted Name				
My Commission Ex	cpires						_		-				Emai	il				
	МО	D	AY	YI	₹					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authoriz	zed Com	mitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and	belief thi	is poli	itical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me thi day of	s	20							-		s	ignature o	f Candida	ite			_
							_						Printe	d Name				-
	Signature	<u> </u>					_		_									_
My Commission Exp	ires												Emai	II.				
	мо	D	AY	Y	R		-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
TIM DEFOOR FOR AUDITOR GENERAL	From:	<u>5/19/202</u>	<u>0</u> To:	6/22/2020
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)			\$	300.00
TOTAL for the Reporting	) Period	(2)	\$	300.00
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	) 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			\$	300.00

#### **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 Candidat	Reporting Period						
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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

TIM DEFOOR FOR AUDITOR GENERAL

From: 5/19/2020 To: 6/22/2020

DATE AMOUNT

Full Name of Contributor JENNIFER BAKER			МО	DAY	YEAR	
Mailing Address						\$ 200.00
City WORTHINGTON	State	Zip Code (Plus 4)	6	5	2020	
	PA	16262				
Full Name of Contributor			МО	DAY	YEAR	
WENDY BOWES			140	DAI	ILAK	
Madding Addings			Ì		1	4 100 00
Mailing Address						\$ 100.00
City MCMURRAY	State	Zip Code (Plus 4)	6	13	2020	100.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 300.00

#### **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							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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			
				Fron	n:		Т	o:	
					D.	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ary 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Perio	d	
TIM DEFOOR FOR AUDITOR GENERAL	From:	<u>5/19/2020</u> <b>To:</b>	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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)	\$	161.20
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	1,528.04
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,		\$	1,689.24

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Ca	Reporting Period							
TIM DEFOOR FOR AUDITOR GENERAL				<u>5/</u>	<u>/19/2020</u>	20 <b>To:</b> 6/22/2020		
		•		DATE			AMOUNT	
Full Name of Contributor REPUBLICAN PARTY OF PENNS	SYLVANIA		мо	DAY	YEAR		161.20	
Mailing Address			5	21	2020	\$	161.20	
City HARRISBURG	State	Zip Code (Plus 4)			2020			
	PA	17101						
Description of Contribution:	POSTAGE		•	•	•			
Enter Grand Total of Part Forces	on Schedule II, In-Ki	nd Contributions Detai	led Sumi	mary Pag			PAGE TOTAL	
					!	\$	161.20	

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

Name of Filing Committee or Candidate

TIM DEFOOR FOR AUDITOR GENERAL

Reporting Period

From: 5/19/2020 To: 6/22/2020

						DATE		AMOUNT					
Full Name of Contributor					мо	DAY	YEAR						
REPUBLICAN PARTY OF PEN	NSYLVANIA					2							
Mailing Address					5	21	2020	<b>\$</b> 678.3					
City HARRISBURG	State		Zip Code(Plus 4)										
	PA		17101										
Employer of Contributor	· · · · · · · · · · · · · · · · · · ·		•		Occupa	tion							
Employer Mailing Address/Pr	rincipal Place of Business	Ci	ty	State	Zip	Code(Plus 4)	Descri	ption of Contribution					
							PRINT	ING					
Full Name of Contributor			-		мо	DAY	YEAR	1					
REPUBLICAN PARTY OF PENNSYLVANIA					1-10	ן אם ן	ILAN						
REPUBLICAN PARTY OF PEN	NSYLVANIA												
REPUBLICAN PARTY OF PEN Mailing Address	NSYLVANIA				5	21	2020	\$ 849.7					
	NSYLVANIA  State		Zip Code(Plus 4)		5	21	2020	<b>\$</b> 849.7					
Mailing Address			<b>Zip Code(Plus 4)</b> 17101		5	21	2020	<b>\$</b> 849.7					
Mailing Address  City HARRISBURG	State		' ' '		5 Occupa		2020	\$ 849.7					
Mailing Address	<b>State</b> PA	Ci	17101	State	Occupa			\$ 849.7					
Mailing Address  City HARRISBURG  Employer of Contributor	<b>State</b> PA	Ci	17101		Occupa	tion	Descri						
Mailing Address  City HARRISBURG  Employer of Contributor	State PA rincipal Place of Business		17101	State	Occupa Zip (	tion	Descri	ption of Contribution					

**PAGE TOTAL** 

12.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Name of Filing Committee or Candidate							
TIM DEFOOR FOR AUDITOR G	From	From <u>5/19/2020</u> To:						
	DATE AMOU							
To Whom Paid			МО	DAY	YEAR			
WINRED	1-10							
Mailing Address			6	5	2020	\$	7.90	
City ARLINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	VA	22219	SERVICE FEE					
To Whom Paid			мо	DAY	YEAR			
WINRED			140		ILAK			
Mailing Address			6	13	2020	\$	4.10	
City ARLINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	VA	22219	SERVIC	E FEE				

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