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			Rep File	oort		CAND	IDATE		СОМ	MITTEE		LOBI	BYIST	✓	
Name of Filing C	Committee, Candida	ate or L	obbyist:		STI	ΝE,	TAMA	RA MCK	INNEY								_
Street Address:	212 N. 3RD S	T. STE	203														
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7101-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2021					NG METH CHECK (PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candidat	te:	•					DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	١	/EAR	Italiibei	Code			Couc	
								1:	L	2	2021		(SEE IN	STRUCTI	ONS FOR (CODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	١	YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	021	T	0	:	3	29	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			-	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,	,000.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			(2,0	00.00)]					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate ı	eport,	cand	lidate sig	gn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedule	s filed	d on	paper (or by elec	tronic n	nediu	m, are to t	the best o	f my kno	wledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before me this day of	•	20								Signature	e of Perso	n Submit	ting Rep	ort		-
			_				- -					Prin	ted Name	e			-
My Commission Ex	Signatu pires	re										Ema	il				-
	мо	D	AY	YR			_		A	rea Co	ode	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viol	ated a	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						_					Duinte	d Name				-
	Signature						-					Printe	d Name				
My Commission Exp	-											Ema	il				-
	МО	D	AY	YR	l		-		Area	Code	<u> </u>	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:	1/1/202	<u>1</u> To:	3/29/2021
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	J 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 Candida	te		Reporting	Period			
			From:		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.

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 Commit	tee or Candidate		Repo	orting P	eriod			
			From	n:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
							۱ ـ	0.00
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4))				*	0.00

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

7/1/2025 3:34:29 AM

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 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	2			Rep	orting Pe	riod			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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>1/1/2021</u> To:	3/29/2021
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	TF)		
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	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 Scho	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 Candida	Reporti	ng Period					
STINE, TAMARA MCKINNEY				<u>1/</u>	1/2021	То:	3/29/2021
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Citizens for Hughes			1-10				
Mailing Address unknown			2	4	2021	\$	1,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17110	politica	l contributi	on		
To Whom Paid			мо	DAY	YEAR		
Citizens for Hughes			140		ILAK		
Mailing Address unknown			2	4	2021	\$	1,000.00
City Harrisburg	City Harrisburg State Zip Code (Plus 4)			tion of Exp	enditure	1	
	PA	17110	politica	l contributi	on		

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