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 96	500334				Rep File			CA	NDII	DATE		СОМ	4ITTEE		LOB	BYIST	√	
Name of Filing C	ommittee, Can	didate or	Lobb	yist:		STIN	ΙΕ, ⁻	TAMA	RA M	CKII	NNEY								
Street Address:	212 N. 3RI	ST. ST	E 203	3															
City:	HARRISBU	RG							State	e:	PA			Zip Code: 17101-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ID FRIDAY IMARY	PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ID FRIDAY ECTION	' PRE	- 5	.х	30 DA		Р	OST-	6.		TERMINAT REPORT?	TION	Yes	N	0	\
report type)	ANNUAL REPO	RT 7.	Ye	ar 2021					NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	idate:	•			-	•		DAT	ΕO	F ELE	CTIC	DN .	District Number	Office Code	Pai	ty Cod	Cour	
	- ,								МО		DAY	Y	EAR		1000			10000	
										11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		МО	-	DAY	YEAR				МО		DAY	Y	EAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	from:		9	14	20	021	T	0		10		18	2021						
A. Amount Bro	ught Forward F	rom Last	Repo	ort				\$					0.00						
B. Total Moneta	ary Contributio	ns And Re	eceipt	ts (From	Sche	dule :	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expend	ditures (From S	chedule 1	III)					\$				į	500.00						
E. Ending Cash	Balance (Subt	act Line	D Fro	m Line C	:)			\$				(5	00.00)						
F. Value Of In-	Kind Contributi	ons Rece	ived ((From Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sche	edule IV)			\$					0.00		,				
					AFF:	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is				_															
I swear (or affirm) correct and comple		including t	he att	ached sch	edules	filed	on	paper	or by e	electr	onic m	edium	ı, are to t	he best of	my know	/ledge	and be	ief , tr	ue
Sworn to and subs	cribed before me day of	this	20)									Signature	of Person	Submitt	ing Re	oort		_
	Sign	ature						-						Print	ed Name				-
My Commission Ex	_													Email					_
	МО		DAY		YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a c	andidate'	's aut	thorized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knov	vledge	e and belie	f this	politi	cal	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		his											s	ignature of	Candida	te			-
	day of —— ———		20	· —				-						Printed	l Name				-
	Signatu	re						-											_
My Commission Exp	ires													Email					
	мо		DAY		YR			-			Area	Code		Da	ytime Te	lephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
STINE, TAMARA MCKINNEY	From:	<u>9/14/202</u>	<u>1</u> To:	10/18/2021
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	J 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 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 Cand	idate	1	Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	ee		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	То:		
		•			DATE			AMOUNT	
Full Name of Contributor									
ruii Name of Contributor				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$	(0.00

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 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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(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	'						<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>9/14/2021</u> To:	<u>10/18/2021</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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)	\$	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 Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(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	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

SCHEDULE III STATEMENT OF EXPENDITURES

	Reporting Period				
STINE, TAMARA MCKINNEY From	m	9/14/2021	То:	10/18/2021	

							AMOUNT
To Whom Paid			мо	DAY	YEAR		
Tomlinson for Senate			МО		ILAK		
Mailing Address unknown			9	22	2021	\$	500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17110	political	contributi	on		
	_						PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							500.00