

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20210310		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: TEMONS FOR PA										
Street Address:										
City: COLUMBIA				State: PA		Zip Code: 17512				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	23	2021		12	31	2021		
A. Amount Brought Forward From Last Report					\$ 0.00					
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,370.00					
C. Total Funds Available (Sum Of Lines A and B)					\$ 3,370.00					
D. Total Expenditures (From Schedule III)					\$ 601.60					
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 2,768.40					
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
TEMONS FOR PA	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 870.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 150.00
All Other Contributions (Part B)	\$ 2,050.00
TOTAL for the Reporting Period (2)	\$ 2,200.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,070.00
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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 TEMONS FOR PA	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee HAMMOND FOR PA			MO	DAY	YEAR	\$ 150.00
Mailing Address			12	13	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17608				

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

PAGE TOTAL
\$ 150.00

PART B

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 TEMONS FOR PA				Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>			
				DATE		AMOUNT	
Full Name of Contributor MARK JOSEPH TEMONS				MO	DAY	YEAR	\$ 200.00
Mailing Address				11	9	2021	
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701					
Full Name of Contributor BRAD WOLF				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	24	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17603					
Full Name of Contributor AJAY MARWAHA				MO	DAY	YEAR	\$ 250.00
Mailing Address				11	24	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17601					
Full Name of Contributor CALEB CORKERY				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	30	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17603					
Full Name of Contributor JOE MOORE				MO	DAY	YEAR	\$ 100.00
Mailing Address				12	1	2021	
City LITITZ	State PA	Zip Code (Plus 4) 17543					
Full Name of Contributor MARTHA REEVES				MO	DAY	YEAR	\$ 100.00
Mailing Address				12	1	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17603					
Full Name of Contributor ISMALL SMITH-WADE-EL				MO	DAY	YEAR	\$ 200.00
Mailing Address				12	3	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17602					

Full Name of Contributor CYNTHIA HERR			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	4	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17601				
Full Name of Contributor CHRIS COLLINS			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	11	2021	
City PEQUEA	State PA	Zip Code (Plus 4) 17565				
Full Name of Contributor CONNIE CAREY			MO	DAY	YEAR	\$ 250.00
Mailing Address			12	13	2021	
City LOCK HAVEN	State PA	Zip Code (Plus 4) 17745				
Full Name of Contributor JANE CADWALLADER			MO	DAY	YEAR	\$ 100.00
Mailing Address			12	14	2021	
City RED LION	State PA	Zip Code (Plus 4) 17356				
Full Name of Contributor JAMES HAMISH			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	17	2021	
City MOUNT JOY	State PA	Zip Code (Plus 4) 17552				
Full Name of Contributor PAUL ROSE			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	18	2021	
City ATASCADERO	State CA	Zip Code (Plus 4) 93422				
Full Name of Contributor KEVIN MARSH			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	19	2021	
City MARINA DEL REY	State CA	Zip Code (Plus 4) 90292				

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

PAGE TOTAL

\$ 2,050.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

PART E 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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
TEMONS FOR PA		From: <u>11/23/2021</u> To: <u>12/31/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
TEMONS FOR PA	From <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTNLUE LLC				
Mailing Address	12	3	2021	\$ 19.28
City CAMBRIDGE	State MA	Zip Code (Plus 4) 02138	Description of Expenditure FUNDRAISING FEES	
To Whom Paid	MO	DAY	YEAR	
GOOGLE DOMAINS				
Mailing Address	11	10	2021	\$ 12.00
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 94043	Description of Expenditure WEBSITE DOMAIN NAME	
To Whom Paid	MO	DAY	YEAR	
ROBERT MISCIAGNA				
Mailing Address	12	8	2021	\$ 500.00
City COLUMBIA	State PA	Zip Code (Plus 4) 17512	Description of Expenditure CAMPAIGN MANAGEMENT SERVICES	
To Whom Paid	MO	DAY	YEAR	
ACTBLUE LLC				
Mailing Address	12	9	2021	\$ 35.15
City CAMBRIDGE	State MA	Zip Code (Plus 4) 02138	Description of Expenditure FUNDRAISING FEES	
To Whom Paid	MO	DAY	YEAR	
GOOGLE DOMAINS				
Mailing Address	12	13	2021	\$ 35.17
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 94943	Description of Expenditure CUSTOM EMAIL ADDRESSES	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 601.60

