# **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 :	i <b>on</b> 9600	334			Repo Filed		:	CANDI	DATE	СОМ	MITTEE		LOB	BYIST	<ul> <li>✓</li> </ul>
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		STINE	Ξ, TA	۹MA	RA MCKI	NNEY						
Street Address:	212 N. 3RD S	T. STE	203												
City:	HARRISBURG							State:	PA		Zip Co	<b>de:</b> 17	101-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST- 3		AMENDN REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				0 da Lect	Y F TION	POST- 6.			ATION ?	Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					IG METHO			PAPER	PAPER		DISKE	TTE
Name of Office S	L Sought by Candida	te:						DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YEAR					
							11 8 202					(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YEAR	FC	OR OFFIC	e use	ONLY	
Expenditures	s from:		1 1	2	022	то	)	3	28	3 2022	2				
A. Amount Bro	ught Forward Froi	n Last Ro	eport				\$			0.00					
B. Total Monet	ary Contributions	And Rece	eipts (From	n Sche	dule I	)	\$			0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			0.00	(					
D. Total Expen	ditures (From Sch	edule III	[)				\$			4,000.00	]				
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$		(4	4,000.00)					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)		\$			0.00	_				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$			0.00					
				AFF	IDAV	/IT	SE	CTION							
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If this	is a	Can	ndidate re	eport, ca	ndidate si	gn here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sc	hedules	s filed o	on pa	per o	or by elect	ronic med	lium, are to	the best o	f my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20							Signatur	e of Perso	n Submitt	ing Rep	port	
	Signatu	re				_					Prin	ted Name			
My Commission Ex	xpires										Ema	il			
	мо	DA	NY	YR					Area	Code	Daytin	ne Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee,	Car	ndida	ate shall	sign her	e.					
I swear (or affirm) No 320) as amendo	that to the best of r ed.	ny knowle	dge and beli	ef this	politica	al co	ommi	ittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this									5	Signature	of Candida	te		
	day of										Printe	ed Name			
	Signature														
My Commission Exp	bires										Ema	il			
	мо	DA	AY	YR					Area Co	ode	D	aytime Te	lephor	ne Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2022</u> **To:** STINE, TAMARA MCKINNEY <u>3/28/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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				Reporting Period						
				From: To:			1			
					DATE			AMOUNT		
Full Name of Contributing Committee					DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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					ting Period					
			From: Te			<b>)</b> :				
					DATE			AMOUNT		
Full Name of Contributor				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. \$ 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			Reporting	Reporting Period					
				То:					
				DA	TE		ŀ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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				eporting Period					
From:				n: To:					
				D	IOUNT				
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							<b>PAGE TOTAL</b> \$ 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						
				n: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description					•				
				_				PAGE TO	<b>AL</b>
Enter Grand Total of Part 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	<b>Reporting Period</b>										
STINE, TAMARA MCKINNEY	From:	<u>1/1/2022</u> <b>To:</b>	<u>3/28/2022</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00								

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	Period	·							
				From:			То:					
	DATE			AMOUNT								
Full Name of Contributor				DAY	YEAR							
Mailing Address		_				<b>7</b> \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:			1									
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:						
					DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				<b>\$</b> 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	date	Name of Filing Committee or Candidate			Reporting Period						
STINE, TAMARA MCKINNEY			From	<u>1/1</u>	<u>1/2022</u>	То:	<u>3/28/2022</u>				
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Corman for Gov											
Mailing Address unknown			2	8	2022	\$	1,000.00				
City         Harrrisburg         State         Zip Code (Plus 4)			Descrip	tion of Exp	enditure						
	PA	17110	political	contributi	on						
<b>To Whom Paid</b> Corman for Gov	мо	DAY	YEAR								
Mailing Address unknown			3	22	2022	\$	1,000.00				
City Harrrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	17110	political contribution								
To Whom Paid			мо	DAY	YEAR						
Kerry Benninghoff for St Rep											
Mailing Address unknown			3	9	2022	\$	1,000.00				
City Harrrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	17110	political	contributi	on						
To Whom Paid Kerry Benninghoff for St Rep			мо	DAY	YEAR						
Mailing Address unknown			2	8	2022	\$	1,000.00				
City Harrrisburg State Zip Code (Plus 4)			Descrip	L tion of Exp	enditure						
PA 17110				contributi							
				PAGE TO							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			).			\$	4,000.00				