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 on 9600	334			Repo Filed		:	CANDI	DATE		СОМ	MITTEE		LOB	BYIST	√
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		STINE	, TAI	MAF	RA MCKI	NNEY							-
Street Address:	212 N. 3RD S	T. STE	203													
City:	HARRISBURG							State:	PA			Zip Co	de: 17	101-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DA' RIMA		POST-	3.		AMENDN REPORT		Yes	No	, 🔨
(place X to the right of	(place X to PRE-ELECTION ELECTION ELE) DA` ECT		POST-	6. X		TERMIN/ REPORT		Yes	No	· 🗸
report type) ANNUAL REPORT 7. Year 2022								G METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:						DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County
								мо	DAY	YI	AR	Number	code			leone
								11		8	2022	 	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR	1		[мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY	
Expenditures	s from:		5 3	2	022	то	ľ	6		6	2022					
A. Amount Bro	ught Forward From	n Last Re	eport				\$				0.00					
B. Total Monet	ary Contributions	And Rece	eipts (From	1 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	[)				\$			1,0	00.00	1				
E. Ending Cash	Balance (Subtrac	t Line D l	From Line	C)			\$			(1,0	00.00)					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$				0.00	1				
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')			\$				0.00					
				AFF	IDAV	'IT S	SEG	CTION								
PART I - If this is	s a Committee rep	ort, treas	surer sign	here. 1	lf this	is a (Can	didate re	eport, o	andi	date sig	gn here.				
I swear (or affirm correct and comple) that this report, incl ete.	uding the	attached sc	hedules	s filed o	n pap	oer o	r by elect	ronic m	edium	, are to i	the best o	f my know	/ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20							9	Signature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_						Prin	ted Name			
My Commission Ex	-											Ema	il			
	мо	DA	NY	YR					Are	ea Coo	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	didate's a	authorized	Comm	nittee,	Cano	dida	te shall	sign he	ere.						
I swear (or affirm) No 320) as amendo	that to the best of n ed.	ny knowle	dge and beli	ef this	politica	al cor	mmit	ttee has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this										s	ignature	of Candida	te		
	day of											Printe	ed Name			
Signature													•			
My Commission Exp	bires								Email							
	мо	DA	NY	YR		_			Area	Code		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>5/3/2022</u> **To:** STINE, TAMARA MCKINNEY 6/6/2022 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			Re	porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	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 Candidat	e			orting P	eriod	_		
			Fro	m:		Тс):	
					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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate			ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		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		
STINE, TAMARA MCKINNEY	From:	<u>5/3/2022</u> то:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
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	Name of Filing Committee or Candidate Re			g Period			
	From:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Can	ame of Filing Committee or Candidate				Rep	porting P	eriod			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Pl	lus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Princip Business	al Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
			· · · · ·			<u> </u>				PAGE TOTAL

 Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate									
STINE, TAMARA MCKINNEY				<u>5/3</u>	<u>6/6/2022</u>					
				DATE AMO						
To Whom Paid Com to Elect Brewster				DAY	YEAR					
Mailing Address unknown			5	25	2022	\$	1,000.00			
City unknown	State PA	Zip Code (Plus 4) 17101	· ·	stion of Exp l contribut		1				
							PAGE TOTAL			
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I).			\$	1,000.00			