Campaign Finance Report

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

					-	1						_		_					
Filer Identificat Number :	ion 2	022C13	35			Repo Filed		/ :	CANDI	DATE	\checkmark	C	OMMITTE	E	LOBI	BYIST			
Name of Filing (Committee, Ca	ndidate	or Lobb	yist:		TEMO	NS,	, MA	RK JOSE	PH II									
Street Address:																			
City:								State:					Zip Cod	Zip Code: 17547					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ID FRIDA IMARY	Y PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	N	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X		D FRIDA ECTION	Y PRE	E- 5.		30 DA		POST- 6.			TERMINATION REPORT?		Yes	N	0	\checkmark	
report type)	ANNUAL REPO	DRT 7.	Ye	ar 2022					NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE		
Name of Office	Sought by Can	lidate:							DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	Cou Cod		
REPRESENTAT	IVE IN THE GE			BLY					мо	DAY	YE	AR	98	STH	DEN	1			
									11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	i)	
	Receipts and	d Mo	0	DAY	YEAR	٤			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:		6	7	2	022	тс)	9		19	2022							
A. Amount Bro	ought Forward	From La	st Repo	ort				\$				0.00							
B. Total Monet	ary Contributio	ons And	Receipt	ts (Fron	1 Sche	dule I	:)	\$	\$ 0.00										
C. Total Funds	Available (Sur	n Of Line	es A an	d B)				\$				0.00							
D. Total Expen	ditures (From	Schedul	e III)					\$				0.00							
E. Ending Cash	n Balance (Sub	tract Lin	e D Fro	m Line	C)			\$				0.00	-						
F. Value Of In-	Kind Contribut	ions Re	ceived ((From S	chedu	le II)		\$ 0.00											
G. Unpaid Deb	ts And Obligati	ons (Fro	om Sche	edule IV	()			\$				0.00							
					AFF	IDA	/IT	SE	CTION										
PART I - If this i																			
I swear (or affirm correct and compl		, includin	g the att	ached sc	hedule	s filed o	on p	aper	or by elect	ronic m	edium,	are to	the best of	my know	vledge	and be	ief , tı	ue	
Sworn to and subs	scribed before mo day of	e this	20)							s	ignatur	e of Persor	I Submitt	ing Rep	oort		-	
	Sig	nature					_						Print	ed Name				-	
My Commission E	xpires												Emai	I				_	
	мо		DAY		YR					Ar	ea Cod	e	Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a	candidat	te's aut	horized:	Comn	nittee,	, Ca	ndid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amend		: of my kn	nowledge	e and beli	ef this	politic	al c	omm	ittee has n	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subscribed before me this												s	ignature o	f Candida	ite			-	
	day of		20)									Printe	d Name				_	
	Signat	ure															_		
My Commission Ex	pires												Emai	I					
	мо		DAY		YR	ł				Area	Code		Da	ytime Te	elephon	e Num	ber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary P	aye			
Name of Filing Committee or Candidate	Reporting	g Period		
TEMONS, MARK JOSEPH II	From:	<u>6/7/202</u>	22 To:	<u>9/19/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Repor	ting 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 Repor	ting 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 Repor	ting Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Par	t E)			
TOTAL for the Repor	ting Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Adtotal totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cove			\$	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 Candidate				orting I	Period			
				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	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		A	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 Sched	lule I, Detailed Sun	nmary 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					
Fro				n:		Т	То:		
				D	ATE		АМ	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 Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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	Reporting Period		
TEMONS, MARK JOSEPH II	From:	<u>6/7/2022</u> То:	<u>9/19/2022</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 PAR	T F)		
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			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL	
						\$	0.00	

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

Name of Filing Committee or Candidate				porting I	Period			
						То:		
					DATE	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation		•	
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	To Whom Paid						
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				tion of Exp	enditure		
Enter Grand Tatal of Evnanditures	n Dage 1. Denort C	Cover Dage Item [<u> </u>				PAGE TOTAL
Enter Grand Total of Expenditures of	m Page 1, Report C	lover Page, Item L				\$	0.00