### **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 9600	)334			Repor		CAND	IDATE		соми	<b>ITTEE</b>		LOB	BYIST	<b>✓</b>		
Name of Filing C	ommittee, Candi	late or L	obbyist:	S	STINE,	TAMA	RA MCK	INNEY									
Street Address:	212 N. 3RD 9	ST. STE	203														
City:	HARRISBURG	ì					State:	PA			Zip Cod	de: 17	7101-0	000			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.	30 DA		POST-	3.			AMENDMENT Yes NEPORT?					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	RE-	5. <b>X</b>	30 DA		POST-	6.		TERMINA REPORT		Yes	No		<b>\</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METH CHECK C				PAPER		<b>/</b>	DISKE	TTE		
Name of Office S	ought by Candida	ite:	•		•		DATE (	)F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Coun	ty	
							МО	DAY	YE	AR	, rumber	Touc			couc		
							11		8	2022		(SEE IN	STRUCTI	ONS FOR (	ODES)		
	Receipts and	МО	DAY YE	AR			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		9 20	20	22 <b>T</b>	0	10	)	24	2022							
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I)	\$	,			0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00							
D. Total Expend	ditures (From Sch	edule II	I)			\$			8	300.00							
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$			(80	0.00)							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•				
			Al	FFI	DAVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. If	f this is	a Ca	ndidate r	eport,	candi	date sig	jn here.						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached schedu	iles	filed on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ıe,	
Sworn to and subs	cribed before me th day of	s	20						S	Signature	of Perso	n Submit	ting Re	oort		_	
	Signate	ıre				<u>-</u>					Prin	ted Name	e			_	
My Commission Ex	rpires					_					Ema	il					
	МО	D	AY Y	<b>/</b> R				Ar	ea Coc	le	Daytim	ie Telepl	none Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Cor	nmi	ittee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief t	his p	political	comm	ittee has i	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this day of		20							s	ignature o	of Candid	ate			-	
						_					Printe	d Name				-	
My Commission Exp	Signature					_					Ema	il				-	
, commission exp						_											
	МО	D	AY	YR				Area	Code		Da	aytime T	elephor	ne Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
STINE, TAMARA MCKINNEY	From:	9/20/202	<u>2</u> To:	10/24/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	) 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	) 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 ar 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 Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			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		Re	porting P	eriod			
			Fro	m:		To	<b>o</b> :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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				Rep	orting Pe	riod					
				Fron	n:			To:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		7	Zip Cod	de (Plus 4	·)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umm	nary Page,	Section	on 3.			\$	F	PAGE TOT	<b>AL</b> 0.00
							L				

## 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	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	Reporting Perio	d	
STINE, TAMARA MCKINNEY	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	Name of Filing Committee or Candidate Rep						Reporting Period					
	Fr						:					
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						<b>7</b> \$	C	0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•		•						
					-							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL						
Section 2.						\$		.00				

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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

800.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporting Period						
STINE, TAMARA MCKINNEY			From	9/2	То:	10/24/2022			
	DATE AMO								
To Whom Paid			МО	DAY	YEAR				
Com to Elect Brewster									
Mailing Address unknown				2	2022	\$	300.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17110	politica	l contributi	on				
To Whom Paid			мо	DAY	YEAR				
Com to Elect Brewster			140		ILAK				
Mailing Address unknown			10	24	2022	\$	500.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17110	politcal	contributio	om				
	1111						PAGE TOTAL		
<b>Enter Grand Total of Expen</b>	ditures on Page 1, Re	port Cover Page, Item D	).			l .			