

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: 87 LONGSTREET DR											
City: CARLISLE					State: PA		Zip Code: 17013				
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 2023	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	DEM			
					11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	28	2023		12	31	2023			
A. Amount Brought Forward From Last Report					\$ 433.89						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,280.77						
C. Total Funds Available (Sum Of Lines A and B)					\$ 3,714.66						
D. Total Expenditures (From Schedule III)					\$ 3,128.85						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 585.81						
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>11/28/2023</u> To: <u>12/31/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 112.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 25,868.77
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 26,368.77

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.)	\$ 26,580.77
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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	Reporting Period
TEMONS FOR PA	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
BARBARA J SPIEGELBERG				
Mailing Address 240 STEINMAN FARM RD				\$ 100.00
City PEQUEA State PA Zip Code (Plus 4) 17565	12	31	2020	

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

PAGE TOTAL
\$ 100.00

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
TEMONS FOR PA	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	25,868.77
FRIENDS OF KRISTAL FOR PA									
Mailing Address					12	15	2023		
87 LONGSTREET DR									
City	CARLISLE		State	PA	Zip Code (Plus 4)	17013			

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

PAGE TOTAL
\$ 25,868.77

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 TEMONS FOR PA	Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>
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				DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR			
JOHN HAYDEN				\$ 500.00		
Mailing Address 378 OLD YORK RD	12	14	2023			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City NEW CUMBERLAND</td> <td style="width: 20%;">State PA</td> <td style="width: 50%;">Zip Code (Plus 4) 170703152</td> </tr> </table>						City NEW CUMBERLAND
City NEW CUMBERLAND	State PA	Zip Code (Plus 4) 170703152				
Employer Name QUANDEL ENERGY SOLUTIONS	Occupation ENGINEERING					
Employer Mailing Address/Principal Place of Business 2601 MARKET PLACE STE 200	City HARRISBURG		State PA	Zip Code (Plus 4) 17110		

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

PAGE TOTAL
\$ 500.00

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>11/28/2023</u> To: <u>12/31/2023</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	<div style="text-align: right;">\$ 0.00</div>
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.						<div style="text-align: right;">PAGE TOTAL</div> <div style="text-align: right;">\$ 0.00</div>

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>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
VANTIV				
Mailing Address 618 E. SOUTH ST. STE 510				\$ 3.05
City ORLANDO	State FL	Zip Code (Plus 4) 32801	Description of Expenditure CREDIT CARD PROCESSING	
To Whom Paid	MO	DAY	YEAR	
GOOGLE				
Mailing Address 1600 AMPHITHEATRE PKWY				\$ 101.76
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 94043	Description of Expenditure WEBSITE SERVICES	
To Whom Paid	MO	DAY	YEAR	
ACT BLUE				
Mailing Address PO BOX 441146				\$ 119.13
City SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure SERVICE CHARGE	
To Whom Paid	MO	DAY	YEAR	
ZOOM				
Mailing Address 55 ALMADEN BLVD STE 600				\$ 199.16
City SAN JOSE	State CA	Zip Code (Plus 4) 95113	Description of Expenditure MEETING SERVICES	
To Whom Paid	MO	DAY	YEAR	
USPS				
Mailing Address 702 E. SIMPSON ST				\$ 54.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure POST OFFICE BOX	
To Whom Paid	MO	DAY	YEAR	
MAIL CHIMP				
Mailing Address 675 PONCE DE LEON AVE NE STE 5000	12	18	2023	\$ 28.09
City ATLANTA	State GA	Zip Code (Plus 4)	Description of Expenditure EMAIL SERVICES	

To Whom Paid ZIPPITYPRINT			MO	DAY	YEAR	\$ 79.19
Mailing Address 1060 W BAGLEY RD #102			12	19	2023	
City BERA	State OH	Zip Code (Plus 4) 44017	Description of Expenditure CAMPAIGN PRINTING			

To Whom Paid AMAZON			MO	DAY	YEAR	\$ 20.66
Mailing Address 410 TERRY AVE N			12	20	2023	
City SEATTLE	State WA	Zip Code (Plus 4) 98109	Description of Expenditure CAMPAIGN SUPPLIES			

To Whom Paid COLLEEN NGUYEN			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1713 CEDAR CLIFF DR			12	31	2023	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CAMPAIGN MANAGEMENT SERVICES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,105.04

