

# 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 : 20200146		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: TIM DEFOOR FOR AUDITOR GENERAL										
Street Address:										
City: HARRISBURG				State: PA		Zip Code: 17108				
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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.	Year 2024	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	
				MO	DAY	YEAR	REP			
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		1	1	2024	3					
A. Amount Brought Forward From Last Report				\$ 2,522.65						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 60,054.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 62,576.65						
D. Total Expenditures (From Schedule III)				\$ 17,889.72						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 44,686.93						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 2,363.00						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 54.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 56,000.00
<b>All Other Contributions (Part D)</b>	\$ 4,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 60,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 60,054.00
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# 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	<b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u>

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
BETTER PENNSYLVANIA PAC						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
				2	6	2024
						\$ 1,250.00
Full Name of Contributing Committee				MO	DAY	YEAR
CAPITAL BLUE PAC						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17106	
				2	6	2024
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
COMMONWEALTH LEADERS FUND						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	
				3	4	2024
						\$ 25,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
CPA PAC						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
				2	21	2024
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
CUPAC						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	
				2	6	2024
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
FIRST PAC						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
				2	6	2024
						\$ 500.00

Full Name of Contributing Committee FOODPAC OF PENNSYLVANIA			MO	DAY	YEAR	\$ 500.00
Mailing Address			2	6	2024	
City	CAMP HILL	State PA				
Full Name of Contributing Committee FRIENDS OF CHRIS GEBHARD			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			2	6	2024	
City	LEBANON	State PA				
Full Name of Contributing Committee FRIENDS OF KIM WARD			MO	DAY	YEAR	\$ 5,000.00
Mailing Address			2	6	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee FRIENDS OF NICOLE ZICCARELLI			MO	DAY	YEAR	\$ 2,500.00
Mailing Address			3	4	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			2	6	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			2	6	2024	
City	CAMP HILL	State PA				
Full Name of Contributing Committee MCNEES PAC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address			1	30	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			2	6	2024	
City	PHILADELPHIA	State PA				

<b>Full Name of Contributing Committee</b> PENNSYLVANIA RISING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b>			3	4	2024	
<b>City</b> MOUNTAIN BROOK	<b>State</b> AL	<b>Zip Code (Plus 4)</b> 35223				
<b>Full Name of Contributing Committee</b> PHARMPAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,750.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				
<b>Full Name of Contributing Committee</b> PHILPAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,750.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19114				
<b>Full Name of Contributing Committee</b> PIPAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				
<b>Full Name of Contributing Committee</b> PMA PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				
<b>Full Name of Contributing Committee</b> PSCOA PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110				
<b>Full Name of Contributing Committee</b> TROOPERS ASSOCIATION PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			2	6	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110				
<b>Full Name of Contributing Committee</b> VALUE DRUG PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,750.00
<b>Mailing Address</b>			2	21	2024	
<b>City</b> DUNCANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16635				

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

**PAGE TOTAL**

\$ 56,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  TIM DEFOOR FOR AUDITOR GENERAL	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> K&L GATES, LLP				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				2	6	2024	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>
<b>Full Name of Contributor</b> NICHOLAS DEBENEDICTIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				2	6	2024	
<b>City</b> ARDMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19003					
<b>Employer Name</b>				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>
<b>Full Name of Contributor</b> WILLIAM W HEILIG				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				2	6	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063					
<b>Employer Name</b>				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>
<b>Full Name of Contributor</b> JOHN HOLT				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>				1	30	2024	
<b>City</b> WEXFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15090					
<b>Employer Name</b> THE PAYROLL SHOPPE				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> SEWICKLEY		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15143

<b>Full Name of Contributor</b> MARY BETH JENKINS			<b>MO</b> 2	<b>DAY</b> 6	<b>YEAR</b> 2024	<b>\$</b> 500.00
<b>Mailing Address</b>						
<b>City</b> FORD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16226				
<b>Employer Name</b> UPMC HEALTH PLAN			<b>Occupation</b> EXECUTIVE			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> PITTSBURGH	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15219	

  

<b>Full Name of Contributor</b> SHERYL A KASHUBA			<b>MO</b> 2	<b>DAY</b> 6	<b>YEAR</b> 2024	<b>\$</b> 500.00
<b>Mailing Address</b>						
<b>City</b> GLENSHAW	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15116				
<b>Employer Name</b> UPMC			<b>Occupation</b> EXECUTIVE			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> PITTSBURGH	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15213	

  

<b>Full Name of Contributor</b> JOSEPH G WAGMAN			<b>MO</b> 2	<b>DAY</b> 14	<b>YEAR</b> 2024	<b>\$</b> 500.00
<b>Mailing Address</b>						
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17403				
<b>Employer Name</b>			<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

  

<b>Full Name of Contributor</b> EDWARD H WEST			<b>MO</b> 2	<b>DAY</b> 6	<b>YEAR</b> 2024	<b>\$</b> 500.00
<b>Mailing Address</b>						
<b>City</b> SEWICKLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15143				
<b>Employer Name</b>			<b>Occupation</b> INFORMATION REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

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

**PAGE TOTAL****\$** 4,000.00



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
TIM DEFOOR FOR AUDITOR GENERAL		From: <u>1/1/2024</u> To: <u>3/4/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 2,363.00
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.)			\$ 2,363.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
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.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

					DATE		AMOUNT	
Full Name of Contributor COMMONWEALTH LEADERS FUND					MO 2	DAY 8	YEAR 2024	\$  1,513.00
Mailing Address								
City HARRISBURG		State PA		Zip Code(Plus 4) 17108				
Employer of Contributor					Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)		Description of Contribution FUNDRAISING EVENT	
Full Name of Contributor ELIZABETH P HAVEY					MO 2	DAY 5	YEAR 2024	\$  850.00
Mailing Address								
City PENN VALLEY		State PA		Zip Code(Plus 4) 19072				
Employer of Contributor DILWORTH PAXSON					Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business			City PHILADELPHIA	State PA	Zip Code(Plus 4) 19102		Description of Contribution TICKET	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 2,363.00

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	From <u>1/1/2024</u> To: <u>3/4/2024</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	
WINRED							
Mailing Address				1	23	2024	\$ 1.18
City ARLINGTON		State	Zip Code (Plus 4)	Description of Expenditure			
		VA	22219	SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	
WINRED							
Mailing Address				1	25	2024	\$ 0.24
City ARLINGTON		State	Zip Code (Plus 4)	Description of Expenditure			
		VA	22219	SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	
WINRED							
Mailing Address				1	25	2024	\$ 0.20
City ARLINGTON		State	Zip Code (Plus 4)	Description of Expenditure			
		VA	22219	SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	
WINRED							
Mailing Address				1	28	2024	\$ 0.39
City ARLINGTON		State	Zip Code (Plus 4)	Description of Expenditure			
		VA	22219	SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	
WINRED							
Mailing Address				1	30	2024	\$ 19.70
City ARLINGTON		State	Zip Code (Plus 4)	Description of Expenditure			
		VA	22219	SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	
AMY W. PETRAGLIA							
Mailing Address				2	8	2024	\$ 3,000.00
City WEXFORD		State	Zip Code (Plus 4)	Description of Expenditure			
		PA	15090	CONSULTING			

<b>To Whom Paid</b> BARSZ GOWIE AMON & FULTZ			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 343.75
<b>Mailing Address</b>			2	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063	<b>Description of Expenditure</b> CONSULTING			

<b>To Whom Paid</b> DTR CONSULTING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b>			2	14	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	<b>Description of Expenditure</b> PROFESSIONAL SERVICES			

<b>To Whom Paid</b> LN CONSULTING, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b>			2	15	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> CONSULTING			

<b>To Whom Paid</b> LN CONSULTING, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 4,324.14
<b>Mailing Address</b>			2	15	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> REIMBURSEMENT			

<b>To Whom Paid</b> POSTMASTER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b>			2	16	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> RENTAL FEE			

<b>To Whom Paid</b> WINRED			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.12
<b>Mailing Address</b>			2	21	2024	
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22219	<b>Description of Expenditure</b> SERVICE FEE			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 17,889.72

