### **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 2020	0146				port ed B		CANDI	DATE		СОМ	COMMITTEE V LOBBYIST					
Name of Filing C	Committee, Candid	ate or L	obbyist:	-	TIM	DEF	OOR	FOR AUI	DITOR	GENE	RAL		<u> </u>				
Street Address:																	
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY P PRIMARY	RE-		2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY   ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		1	REP			
								11		5	2024		(SEE IN	STRUCTI	ONS FOR (	CODES	)
Summary of Expenditures	Receipts and	МО	DAY YE	AR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1 1	20	)24	Т	0	3		4	2024						
A. Amount Bro	ught Forward Fron	n Last R	.eport				\$			2,5	22.65						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	hec	dule	e I)	\$			60,0	54.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			62,5	76.65						
D. Total Expend	ditures (From Sch	edule II	I)				\$			17,8	89.72						
E. Ending Cash	Balance (Subtract	Line D	From Line C)				\$			44,6	86.93						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sche	dul	e II	I)	\$			2,3	63.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			'			
			A	FF.	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f th	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sched	ules	file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this day of	ì	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re	<u> </u>				- -					Prin	ted Name	<b>e</b>			_
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	ΥR					Are	ea Cod	e	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ıy knowle	edge and belief t	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	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				-
, ссолон Ехр							_										_
	МО	D.	AY	ΥR					Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
TIM DEFOOR FOR AUDITOR GENERAL	From:	1/1/202	<u>4</u> To:	3/4/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	54.00
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)			\$	56,000.00
All Other Contributions (Part D)			\$	4,000.00
TOTAL for the Reporting	) Period	(3)	\$	60,000.00
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			\$	60,054.00

#### **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			Reporting Period				
			From:		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			Reporting Period						
			Fro	m:		То	<b>)</b> :		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.0	
City	State	Zip Code (Plus 4	1)						

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

#### **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			
TIM DEFOOR FOR AUDITOR GENERAL			From:	1/	<u>/1/2024</u>	То:	3/4/2024
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
VALUE DRUG PAC							<b>\$</b> 1,750.00
Mailing Address				2	21	2024	,
City DUNCANSVILLE	State	Zip Code	e (Plus 4)			2024	
	PA	16635					
Full Name of Contributing Committee				мо	DAY	YEAR	
TROOPERS ASSOCIATION PAC							\$ 1,000.00
Mailing Address				2	6	2024	
City HARRISBURG	State	Zip Code	e (Plus 4)	_		202.	
	PA	17110					
Full Name of Contributing Committee PSCOA PAC				МО	DAY	YEAR	\$ 1,000.00
Mailing Address					_	2024	\$ 1,000.00
City HARRISBURG	State	Zip Code	e (Plus 4)	2	6	2024	
	PA	17110					
Full Name of Contributing Committee	•	•		мо	DAY	YEAR	
PMA PAC				MO	DAT	ILAR	\$ 1,000.00
Mailing Address				2	6	2024	]
City HARRISBURG	State	Zip Code	e (Plus 4)	]		2024	
	PA	17101					
Full Name of Contributing Committee				мо	DAY	YEAR	
PIPAC							\$ 1,000.00
Mailing Address				2	6	2024	
City HARRISBURG	State	Zip Code	e (Plus 4)				
	PA	17101					
Full Name of Contributing Committee				мо	DAY	YEAR	
PHILPAC							<b>\$</b> 1,750.00
Mailing Address				2	6	2024	
City PHILADELPHIA	State	Zip Code	e (Plus 4)				
	l PA	19114					

							PAG	L 6
Full N	lame of Contributing Committee			МО	DAY	YEAR		
PHAR	MPAC			140		ILAK	<b>\$</b>	1,750.00
Mailir	ng Address			_		2024	]	1,750.00
City	HARRISBURG	State	Zip Code (Plus 4)	2	6	2024		
		PA	17101					
				1	1	1	<u> </u>	
	lame of Contributing Committee			мо	DAY	YEAR		
PECO							\$	500.00
Mailir	ng Address	1	1	2	6	2024		
City	PHILADELPHIA	State	Zip Code (Plus 4)					
		PA	19103					
Full N	lame of Contributing Committee			, wa	DAY	VEAD		
MCNEES PAC				МО	DAY	YEAR	\$	1,500.00
Mailir	ng Address			<u> </u>			7	1,300.00
City	HARRISBURG	State	Zip Code (Plus 4)	1	30	2024		
		PA	17108					
		<u> </u>	17.100	1			<u> </u>	
	lame of Contributing Committee			мо	DAY	YEAR		
	MARK PAC						\$	500.00
	ng Address	1	1	2	6	2024		
City	CAMP HILL	State	Zip Code (Plus 4)					
		PA	17089					
Full N	lame of Contributing Committee			МО	DAY	YEAR		
GREE	NLEE PARTNERS STATE PAC			МО	DAT	TEAR	<b>\$</b>	1,000.00
Mailir	ng Address			2		2024	] `	1,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	_	6	2024		
		PA	17108					
F N	laws of Contribution Committee	<u> </u>				1	<u>'</u> 	
	lame of Contributing Committee  NDS OF NICOLE ZICCARELLI			МО	DAY	YEAR		
	ng Address						\$	2,500.00
		- Charles	The Code (Place 4)	3	4	2024		
City	HARRISBURG	State	Zip Code (Plus 4)					
		PA	17108					
Full N	lame of Contributing Committee			МО	DAY	YEAR		
FRIE	NDS OF KIM WARD						\$	5,000.00
Mailir	ng Address			2	6	2024		•
City	HARRISBURG	State	Zip Code (Plus 4)	]		2024		
		PA	17108					
Full N	Jame of Contributing Committee	<u> </u>	1				<u> </u>	
Full Name of Contributing Committee			МО	DAY	YEAR			
FRIF	NDS OF CHRIS GERHARD							
	NDS OF CHRIS GEBHARD						\$	1,000.00
Mailir	ng Address	State	Zin Codo (Dissa 4)	2	6	2024	\$	1,000.00
		State PA	<b>Zip Code (Plus 4)</b> 17042	- 2	6	2024	\$	1,000.00

FII N								
' " "	Name of Contributing Committee	!		МО	DAY	YEAR		
FOOD	OPAC OF PENNSYLVANIA						\$	500.00
Mailir	ng Address			2	6	2024		
City	CAMP HILL	State	Zip Code (Plus 4)					
		PA	17001					
Full N	Name of Contributing Committee			мо	DAY	YEAR		
FIRS	T PAC			МО	DAI	ILAK	] <sub>\$</sub>	500.00
Maili	ng Address			2	6	2024		
City	HARRISBURG	State	Zip Code (Plus 4)	] -		2024		
		PA	17101					
Full N	Name of Contributing Committee	1	•			V=45		
CUPA	AC			МО	DAY	YEAR	\$	1,000.00
Mailir	ng Address			2	6	2024	1 *	1,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	_	6	2024		
		PA	17110					
Full N	Name of Contributing Committee							
CPA I				МО	DAY	YEAR	\$	1,000.00
Mailir	ng Address				24	2024	*	1,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	2	21	2024		
		PA	17101					
Full N	Name of Contributing Committee	<u> </u>	<u>'</u>					
	MONWEALTH LEADERS FUND			МО	DAY	YEAR	\$	25,000.00
Maili	ng Address						1 *	23,000.00
	9			1 ~	1 4	2024	1	
City	HARRISBURG	State	Zip Code (Plus 4)	3	4	2024		
		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	3	4	2024		
City	HARRISBURG	PA						
City Full N		PA		мо	DAY	2024 YEAR		F00.00
Full N	HARRISBURG	PA		мо	DAY	YEAR	\$	500.00
Full N	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC	PA					\$	500.00
Full N CAPI Mailin	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  ng Address	PA	17108	мо	DAY	YEAR	\$	500.00
Full N CAPI Mailin City	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  ng Address  HARRISBURG	PA  State PA	Zip Code (Plus 4)	мо 2	<b>DAY</b> 6	<b>YEAR</b> 2024	\$	500.00
Full N CAPI Mailin City	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  ng Address	PA  State PA	Zip Code (Plus 4)	мо	DAY	YEAR		
Full N CAPI  Mailin City  Full N BETT	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  ng Address  HARRISBURG  Name of Contributing Committee	PA  State PA	Zip Code (Plus 4)	мо2	<b>DAY</b> 6 <b>DAY</b>	YEAR 2024 YEAR	\$	1,250.00
Full N CAPI  Mailin City  Full N BETT	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  IN Address  HARRISBURG  Name of Contributing Committee  ER PENNSYLVANIA PAC  Ing Address	PA  State PA	Zip Code (Plus 4)	мо 2	<b>DAY</b> 6	<b>YEAR</b> 2024		
Full Mailin  Full Mailin  City  Full Mailin  Mailin	HARRISBURG  Name of Contributing Committee  TAL BLUE PAC  IN Address  HARRISBURG  Name of Contributing Committee  TER PENNSYLVANIA PAC	State PA	2ip Code (Plus 4) 17106	мо2	<b>DAY</b> 6 <b>DAY</b>	YEAR 2024 YEAR		
Full N CAPI Mailin City  Full N BETT Mailin City	HARRISBURG  Name of Contributing Committee TAL BLUE PAC  IN Address  HARRISBURG  Name of Contributing Committee TER PENNSYLVANIA PAC  IN Address  HARRISBURG  HARRISBURG	State PA  State PA  State PA	Zip Code (Plus 4) 17106 Zip Code (Plus 4)	мо2	<b>DAY</b> 6 <b>DAY</b>	YEAR 2024 YEAR		
Full N BETT Mailin City Full N Full N	HARRISBURG  Name of Contributing Committee TAL BLUE PAC ng Address  HARRISBURG  Name of Contributing Committee TER PENNSYLVANIA PAC ng Address  HARRISBURG	State PA  State PA  State PA	Zip Code (Plus 4) 17106 Zip Code (Plus 4)	мо2	<b>DAY</b> 6 <b>DAY</b>	YEAR 2024 YEAR	\$	1,250.00
Full N CAPI Mailin City  Full N BETT Mailin City  Full N PENN	HARRISBURG  Name of Contributing Committee TAL BLUE PAC ING Address  HARRISBURG  Name of Contributing Committee TER PENNSYLVANIA PAC ING Address  HARRISBURG  Name of Contributing Committee ISYLVANIA RISING	State PA  State PA  State PA	Zip Code (Plus 4) 17106 Zip Code (Plus 4)	мо 2 мо 2 мо	<b>DAY</b> 6 <b>DAY</b> 6	YEAR 2024 YEAR 2024 YEAR		
Full N CAPI Mailin City  Full N BETT Mailin City  Full N PENN	HARRISBURG  Name of Contributing Committee TAL BLUE PAC ng Address  HARRISBURG  Name of Contributing Committee TER PENNSYLVANIA PAC ng Address  HARRISBURG	State PA  State PA  State PA	Zip Code (Plus 4) 17106 Zip Code (Plus 4)	мо 2 мо 2	<b>DAY</b> 6 <b>DAY</b> 6	YEAR 2024 YEAR 2024	\$	1,250.00

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

**PAGE TOTAL \$** 56,000.00

### 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				Repo	orting Per	riod			
TIM DEFOOR FOR AUDITOR GENERAL				From	1:	1/1/2	<u>024</u> To	24 <b>To</b> : 3/4/2024	
			•		DA	<b>TE</b>		Α	MOUNT
Full Name of Contributor						DAY	VEAD		
K&L GATES, LLP					МО	DAY	YEAR	<b> </b> \$	500.00
Mailing Address					2	6	2024	7	
City PITTSBURGH	State	Zip	Code (Plus	4)	_	U	2024		
	PA 15222								
mployer Name				Occupat	ion				
Employer Mailing Address/Principal Place of Business  City					State		Zip Cod	le (Plus 4)	
Full Name of Contributor					мо	DAY	VEAD		
NICHOLAS DEBENEDICTIS					МО	DAY	YEAR	\$	500.00
Mailing Address					2	6	2024	7	
City ARDMORE	State	Zip	Code (Plus	4)	_	U	2024		
	PA	<sub>190</sub>	03						
						•	SETIBLE	`	
Employer Name					Occupat	ion	RETIREI	)	
Employer Name  Employer Mailing Address/Principal Place	e of Business		City		Occupat	State	RETIRE		le (Plus 4)
• •	e of Business		City			State		Zip Cod	
Employer Mailing Address/Principal Plac	e of Business		City		MO	1	YEAR		500.00
Employer Mailing Address/Principal Place Full Name of Contributor	e of Business		City		МО	State	YEAR	Zip Cod	
Employer Mailing Address/Principal Place Full Name of Contributor WILLIAM W HEILIG	e of Business		City  Code (Plus	4)		State		Zip Cod	
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address			Code (Plus	4)	МО	State	YEAR	Zip Cod	
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address	State	Zip	Code (Plus	4)	МО	State  DAY  6	YEAR	\$	
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA	State PA	<b>Zip</b> 190	Code (Plus	4)	<b>MO</b> 2	State  DAY  6	<b>YEAR</b> 2024	\$	
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name	State PA	<b>Zip</b> 190	Code (Plus	4)	MO 2 Occupat	DAY 6 ion State	YEAR 2024 RETIRE	\$ Zip Cod	500.00 le (Plus 4)
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place	State PA	<b>Zip</b> 190	Code (Plus	4)	<b>MO</b> 2	DAY 6	<b>YEAR</b> 2024	\$	500.00
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor	State PA	<b>Zip</b> 190	Code (Plus	4)	MO 2 Occupat	DAY 6 ion State	YEAR 2024 RETIREE	\$ Zip Cod  \$ Zip Cod	500.00 le (Plus 4)
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  JOHN HOLT	State PA	<b>Zip</b> 190	Code (Plus		MO 2 Occupat	DAY 6 ion State	YEAR 2024 RETIRE	\$ Zip Cod  \$ Zip Cod	500.00 le (Plus 4)
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  JOHN HOLT  Mailing Address	State PA Se of Business	<b>Zip</b> 190	Code (Plus City  Code (Plus		MO 2 Occupat	DAY 6 ion State	YEAR 2024 RETIREE	\$ Zip Cod  \$ Zip Cod	500.00 le (Plus 4)
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  JOHN HOLT  Mailing Address	State PA Se of Business State PA	Zip 190	Code (Plus City  Code (Plus		MO 2 Occupat	DAY 6 ion State  DAY 30	YEAR 2024 RETIREE	\$ Sip Cod	500.00 le (Plus 4)
Employer Mailing Address/Principal Place  Full Name of Contributor  WILLIAM W HEILIG  Mailing Address  City MEDIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  JOHN HOLT  Mailing Address  City WEXFORD	State PA State State PA State PA	<b>Zip</b> 190	Code (Plus City  Code (Plus		MO 2 Occupat	DAY 6 ion State  DAY 30	YEAR 2024 RETIREE YEAR 2024	\$ Zip Cod \$ Zip Cod	500.00 le (Plus 4)

							_		
Full Name of Contributor				мо	DAY	YEAR	s	500.00	
MARY BETH JENKINS							ļ '	300.00	
Mailing Address	Г			2	6	2024			
City FORD CITY	State	Zip	Code (Plus 4)						
	l <sub>PA</sub>	16	226				ı		
Employer Name UPMC HEALTH PLAN				Occupat	Occupation EXECUTIVE				
Employer Mailing Address/Principal Plac	e of Business		City	State Zip Code (P			e (Plus 4)		
			PITTSBURGH		PA		15219		
Full Name of Contributor									
SHERYL A KASHUBA				МО	DAY	YEAR	\$	500.00	
Mailing Address				2	6	2024			
City GLENSHAW	State	Zip	Code (Plus 4)	7 2	0	2024			
	PA	<sub>15</sub>	116						
Employer Name UPMC				Occupat	ion	EXECUT	IVE		
Employer Mailing Address/Principal Plac	e of Business		City	•	State		Zip Cod	e (Plus 4)	
			PITTSBURGH		PA		15213		
Full Name of Contributor									
i dii italiic di contributor									
JOSEPH G WAGMAN				МО	DAY	YEAR	\$	500.00	
JOSEPH G WAGMAN								500.00	
Mailing Address	State	Zir	o Code (Plus 4)	<b>MO</b> 2	14	<b>YEAR</b> 2024		500.00	
	State	-	o Code (Plus 4)					500.00	
Mailing Address  City YORK	State PA	-	O Code (Plus 4)	- 2	14	2024		500.00	
Mailing Address  City YORK  Employer Name	PA	-	403		14				
Mailing Address  City YORK	PA	-	-	- 2	14	2024		500.00 e (Plus 4)	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place	PA	-	403	- 2	14	2024			
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor	PA	-	403	- 2	14	2024			
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST	PA	-	403	2 Occupat	14	2024 RETIREI	Zip Cod	e (Plus 4)	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST  Mailing Address	PA e of Business	17	403 City	2 Occupat	14	2024 RETIREI	Zip Cod	e (Plus 4)	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST	PA se of Business	17	City  Code (Plus 4)	Occupat	14 ion State DAY	2024 RETIREI	Zip Cod	e (Plus 4)	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST  Mailing Address  City SEWICKLEY	PA e of Business	17	403 City	Occupat	ion State  DAY	2024  RETIREI  YEAR  2024	Zip Cod	<b>e (Plus 4)</b> 500.00	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST  Mailing Address  City SEWICKLEY  Employer Name	PA Se of Business State PA	17	City  Code (Plus 4) 143	Occupat	14 State DAY 6	2024  RETIREI  YEAR  2024	zip Cod	e (Plus 4) 500.00 REQUESTED	
Mailing Address  City YORK  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  EDWARD H WEST  Mailing Address  City SEWICKLEY	PA Se of Business State PA	17	City  Code (Plus 4)	Occupat	ion State  DAY	2024  RETIREI  YEAR  2024	zip Cod	<b>e (Plus 4)</b> 500.00	

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

**PAGE TOTAL**\$ 4,000.00

## 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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
		<b>'</b>			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (P	Plus 4)						
Receipt Description	<b>'</b>	1		<u> </u>			•		
				_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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							
TIM DEFOOR FOR AUDITOR GENERAL	From:	<u>1/1/2024</u> <b>To:</b>	3/4/2024					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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)	\$	2,363.00					
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,		\$	2,363.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Can	lame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•	•	•			
					-				
Enter Grand Total of Part F or	າ Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,				PAGE TOTAL		
Section 2.						\$		0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting Period						
TIM DEFOOR FOR AUDITOR GENERAL				Fro	From: <u>1/1/202</u>		24 <b>To:</b> 3/4/20		3/4/2024	
							DATE			AMOUNT
Full Name of Contributor					мо	)	DAY	YEAR		
COMMONWEALTH LEADERS FUND										1 512 00
Mailing Address						2	8	2024	\$	1,513.00
City HARRISBURG	State		Zip Code(Plus 4)							
	PA		17108							
Employer of Contributor	!		!		Occ	cupa	tion			
Employer Mailing Address/Principal Place of Business		Ci	City Stat		te	e Zip Code(Plus 4)		Description of Contribution		
								FUNDRAISING EVENT		
Full Name of Contributor					мо		DAY	YEAR		
ELIZABETH P HAVEY				1-10			DAI	ILAK		
Mailing Address						2	5	2024	\$	850.00
City PENN VALLEY	State		Zip Code(Plus 4)		1					
	PA		19072							
Employer of Contributor DILWORTH PAXSON Occupation AT						TORNEY				
Employer Mailing Address/Principal Place of Business		City		Stat	e Zip (		Code(Plus 4)	Description of Contribution		of Contribution
PHILADELPHIA			HILADELPHIA	PA	19102		TICKET			
Enter Grand Total of Bart Com	Schodulo II In V	ind	Contributions D	otail:				PAGE TOTAL		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								2 262 00		

**Summary Page, Section 3.** 

2,363.00

## SCHEDULE III STATEMENT OF EXPENDITURES

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

				DATE		AMOUNT				
To Whom Paid			МО	DAY	YEAR					
WINRED			М		IZAK					
Mailing Address			1	23	2024	\$	1.18			
City ARLINGTON State Zip Code (Plus 4)			Description of Expenditure							
VA 22219				SERVICE FEE						
To Whom Paid				DAY	YEAR					
WINRED			МО		IZAK					
Mailing Address			1	25	2024	\$	0.24			
City     ARLINGTON     State     Zip Code (Plus 4)       VA     22219			Description of Expenditure							
			SERVICE FEE							
To Whom Paid			МО	DAY	YEAR					
WINRED			110		1 Z / LIK					
Mailing Address			1	25	2024	\$	0.20			
City     ARLINGTON     State     Zip Code (Plus 4)       VA     22219			Description of Expenditure							
			SERVICE FEE							
To Whom Paid			мо	DAY	YEAR					
WINRED			HO		IZAK					
Mailing Address			1	28	2024	\$	0.39			
City ARLINGTON State Zip Code (Plus 4)			Description of Expenditure							
	VA	22219	SERVICE FEE							
To Whom Paid			мо	DAY	YEAR					
WINRED			110		1 Z / LIK					
Mailing Address			1	30	2024	\$	19.70			
City ARLINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	VA	22219	SERVICE FEE							
To Whom Paid			мо	DAY	YEAR					
AMY W. PETRAGLIA					27.11					
Mailing Address			2	8	2024	\$	3,000.00			
City WEXFORD	y WEXFORD State Zip Code (Plus 4) PA 15090			Description of Expenditure						
				TING	CONSULTING					

							PAGE 15	
To Whom Paid			МО	DAY	YEAR			
BARSZ GOWIE AMON &a	МО	DAT	ILAK					
Mailing Address			2	14	2024	\$	343.75	
City MEDIA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA 19063 CONSULTING							
To Whom Paid				DAY	YEAR			
DTR CONSULTING			МО	JA.	ILAK			
Mailing Address			2	14	2024	\$	5,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17102	PROFESSIONAL SERVICES					
To Whom Paid			МО	DAY	YEAR			
LN CONSULTING, LLC				JA.	ILAK			
Mailing Address			2	15	2024	\$	5,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure			•		
PA 17101			CONSULTING					
To Whom Paid			МО	DAY	YEAR			
LN CONSULTING, LLC			М	ואמן	ILAK			
Mailing Address			2	15	2024	\$	4,324.14	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17101	REIMBU	JRSEMENT				
To Whom Paid			МО	DAY	YEAR			
POSTMASTER			PIO	JA.	ILAK			
Mailing Address			2	16	2024	\$	200.00	
City HARRISBURG	Zip Code (Plus 4)	Description of Expenditure						
	PA	17108	RENTAL FEE					
To Whom Paid			МО	DAY	YEAR			
WINRED			110					
Mailing Address			2	21	2024	\$	0.12	
City ARLINGTON State Zip Code (Plus 4)			Description of Expenditure					
VA 22219			SERVICE FEE					
Futou Cuand Tatal CE	Samuellines on Board & B.	amout Cover Date - Tt					PAGE TOTAL	
enter Grand Total of E	expenditures on Page 1, Re	eport Cover Page, Item I	J.			\$	17,889.72	
						I	•	