

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: P.O. BOX 64												
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	County Code
						MO	DAY	YEAR	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2024		3	4	2024				
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

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

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 60,054.00
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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:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

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)					

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 TIM DEFOOR FOR AUDITOR GENERAL	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,250.00
BETTER PENNSYLVANIA PAC				2	6	2024	
Mailing Address 121 STATE ST							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
CAPITAL BLUE PAC				2	6	2024	
Mailing Address P.O. BOX 60710							
City HARRISBURG	State PA	Zip Code (Plus 4) 17106					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 25,000.00
COMMONWEALTH LEADERS FUND				3	4	2024	
Mailing Address P.O. BOX 934							
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
CPA PAC				2	21	2024	
Mailing Address 500 N 3RD ST SUITE 600A							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
CUPAC				2	6	2024	
Mailing Address 4309 N FRONT ST							
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
FIRST PAC				2	6	2024	
Mailing Address PENNSYLVANIA ASSOCIATION OF COMMUNITY BANKERS 800 N 3RD ST, SU							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee FOODPAC OF PENNSYLVANIA			MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. BOX 870			2	6	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001				
Full Name of Contributing Committee FRIENDS OF CHRIS GEBHARD			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1451 QUENTIN RD SUITE 400 BOX 248			2	6	2024	
City LEBANON	State PA	Zip Code (Plus 4) 17042				
Full Name of Contributing Committee FRIENDS OF KIM WARD			MO	DAY	YEAR	\$ 5,000.00
Mailing Address P.O. BOX 83			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee FRIENDS OF NICOLE ZICCARELLI			MO	DAY	YEAR	\$ 2,500.00
Mailing Address P.O. BOX 12022			3	4	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. BOX 291			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1800 CENTER ST			2	6	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee MCNEES PAC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address P.O. BOX 1166			1	30	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 MARKET ST			2	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee PENNSYLVANIA RISING			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 421 OFFICE PARK DR			3	4	2024	
City MOUNTAIN BROOK	State AL	Zip Code (Plus 4) 35223				
Full Name of Contributing Committee PHARMPAC			MO	DAY	YEAR	\$ 1,750.00
Mailing Address 508 N 3RD ST			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PHILPAC			MO	DAY	YEAR	\$ 1,750.00
Mailing Address 2417 WELSH RD SUITE 21			2	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114				
Full Name of Contributing Committee PIPAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 409 N SECOND ST SUITE 202			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PMA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 225 STATE ST			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PSCOA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2421 N FRONT ST			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee TROOPERS ASSOCIATION PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 3625 VARTAN WAY			2	6	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee VALUE DRUG PAC			MO	DAY	YEAR	\$ 1,750.00
Mailing Address 195 THEATER DR			2	21	2024	
City DUNCANVILLE	State PA	Zip Code (Plus 4) 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.)**

Name of Filing Committee or Candidate TIM DEFOOR FOR AUDITOR GENERAL	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor K&L GATES, LLP				MO	DAY	YEAR	\$ 500.00
Mailing Address 210 SIXTH AVE				2	6	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
Full Name of Contributor NICHOLAS DEBENEDICTIS				MO	DAY	YEAR	\$ 500.00
Mailing Address 231 GOLF VIEW RD				2	6	2024	
City ARDMORE	State PA	Zip Code (Plus 4) 19003					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
Full Name of Contributor WILLIAM W HEILIG				MO	DAY	YEAR	\$ 500.00
Mailing Address 924 WINDING LN				2	6	2024	
City MEDIA	State PA	Zip Code (Plus 4) 19063					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
Full Name of Contributor JOHN HOLT				MO	DAY	YEAR	\$ 500.00
Mailing Address 108 DAISY LN				1	30	2024	
City WEXFORD	State PA	Zip Code (Plus 4) 15090					
Employer Name THE PAYROLL SHOPPE				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 1603 CARMODY CT			City SEWICKLEY		State PA	Zip Code (Plus 4) 15143	

Full Name of Contributor MARY BETH JENKINS			MO 2	DAY 6	YEAR 2024	\$ 500.00
Mailing Address 123 WOAK HANNE VILLAGE DR						
City FORD CITY	State PA	Zip Code (Plus 4) 16226				
Employer Name UPMC HEALTH PLAN			Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 600 GRANT ST		City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		

Full Name of Contributor SHERYL A KASHUBA			MO 2	DAY 6	YEAR 2024	\$ 500.00
Mailing Address 807 CHARLES ST						
City GLENSHAW	State PA	Zip Code (Plus 4) 15116				
Employer Name UPMC			Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 200 LOTHROP ST		City PITTSBURGH	State PA	Zip Code (Plus 4) 15213		

Full Name of Contributor JOSEPH G WAGMAN			MO 2	DAY 14	YEAR 2024	\$ 500.00
Mailing Address 975 SUMMIT CIR, N						
City YORK	State PA	Zip Code (Plus 4) 17403				
Employer Name			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor EDWARD H WEST			MO 2	DAY 6	YEAR 2024	\$ 500.00
Mailing Address 246 PINK HOUSE RD						
City SEWICKLEY	State PA	Zip Code (Plus 4) 15143				
Employer Name			Occupation INFORMATION REQUESTED			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

\$ 4,000.00

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:

				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	
TIM DEFOOR FOR AUDITOR GENERAL		From: <u>1/1/2024</u> To: <u>3/4/2024</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)	\$ 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: To:
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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.						PAGE TOTAL \$ 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	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

DATE					AMOUNT	
Full Name of Contributor COMMONWEALTH LEADERS FUND			MO	DAY	YEAR	\$ 1,513.00
Mailing Address P.O. BOX 934			2	8	2024	
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	DAY	YEAR	\$ 850.00
Mailing Address 600 MORENO RD			2	5	2024	
City PENN VALLEY	State PA	Zip Code(Plus 4) 19072				
Employer of Contributor DILWORTH PAXSON			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 1500 MARKET ST SUITE 3500E		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

Name of Filing Committee or Candidate	Reporting Period
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 P.O. BOX 9891	1	23	2024	\$ 1.18
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure	
			SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address P.O. BOX 9891	1	25	2024	\$ 0.24
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure	
			SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address P.O. BOX 9891	1	25	2024	\$ 0.20
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure	
			SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address P.O. BOX 9891	1	28	2024	\$ 0.39
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure	
			SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address P.O. BOX 9891	1	30	2024	\$ 19.70
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure	
			SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
AMY W. PETRAGLIA				
Mailing Address 8000 CHRISTOPHER WREN DR #307	2	8	2024	\$ 3,000.00
City WEXFORD	State PA	Zip Code (Plus 4) 15090	Description of Expenditure	
			CONSULTING	

To Whom Paid BARSZ GOWIE AMON & FULTZ			MO	DAY	YEAR	\$ 343.75
Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040			2	14	2024	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONSULTING			

To Whom Paid DTR CONSULTING			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 210 KELKER ST			2	14	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES			

To Whom Paid LN CONSULTING, LLC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 121 STATE ST			2	15	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING			

To Whom Paid LN CONSULTING, LLC			MO	DAY	YEAR	\$ 4,324.14
Mailing Address 121 STATE ST			2	15	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure REIMBURSEMENT			

To Whom Paid POSTMASTER			MO	DAY	YEAR	\$ 200.00
Mailing Address 312 MARKET ST			2	16	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure RENTAL FEE			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.12
Mailing Address P.O. BOX 9891			2	21	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

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

