

# 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<br><br>(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**

|  |   |
|--|---|
| <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 |
|---|--------------|



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 |
|                                       | 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.**

|  |   |
|--|---|
| <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<br>BETTER PENNSYLVANIA PAC   |          |                         |  | MO   | DAY | YEAR   | \$ 1,250.00  |
| Mailing Address 121 STATE ST                                     |          |                         |  | 2    | 6   | 2024   |              |
| City HARRISBURG  | State PA | Zip Code (Plus 4) 17101 |  |      |     |        |              |
| Full Name of Contributing Committee<br>CAPITAL BLUE PAC          |          |                         |  | MO   | DAY | YEAR   | \$ 500.00    |
| Mailing Address P.O. BOX 60710                                   |          |                         |  | 2    | 6   | 2024   |              |
| City HARRISBURG  | State PA | Zip Code (Plus 4) 17106 |  |      |     |        |              |
| Full Name of Contributing Committee<br>COMMONWEALTH LEADERS FUND |          |                         |  | MO   | DAY | YEAR   | \$ 25,000.00 |
| Mailing Address P.O. BOX 934                                     |          |                         |  | 3    | 4   | 2024   |              |
| City HARRISBURG  | State PA | Zip Code (Plus 4) 17108 |  |      |     |        |              |
| Full Name of Contributing Committee<br>CPA PAC                   |          |                         |  | MO   | DAY | YEAR   | \$ 1,000.00  |
| Mailing Address 500 N 3RD ST SUITE 600A                          |          |                         |  | 2    | 21  | 2024   |              |
| City HARRISBURG  | State PA | Zip Code (Plus 4) 17101 |  |      |     |        |              |
| Full Name of Contributing Committee<br>CUPAC                     |          |                         |  | MO   | DAY | YEAR   | \$ 1,000.00  |
| Mailing Address 4309 N FRONT ST                                  |          |                         |  | 2    | 6   | 2024   |              |
| 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<br>800 N 3RD ST, SU |            |       |    |                   |      |           |
| City  | HARRISBURG | State | PA | Zip Code (Plus 4) |      | 17101     |

|                                     |           |       |    |                   |      |           |
|-------------------------------------|-----------|-------|----|-------------------|------|-----------|
| Full Name of Contributing Committee |           |       | MO | DAY               | YEAR | \$ 500.00 |
| FOODPAC OF PENNSYLVANIA             |           |       | 2  | 6                 | 2024 |           |
| Mailing Address P.O. BOX 870        |           |       |    |                   |      |           |
| City                                | CAMP HILL | State | PA | Zip Code (Plus 4) |      | 17001     |

|   |         |       |    |                   |      |             |
|---|---------|-------|----|-------------------|------|-------------|
| Full Name of Contributing Committee               |         |       | MO | DAY               | YEAR | \$ 1,000.00 |
| FRIENDS OF CHRIS GEBHARD                          |         |       | 2  | 6                 | 2024 |             |
| Mailing Address 1451 QUENTIN RD SUITE 400 BOX 248 |         |       |    |                   |      |             |
| City  | LEBANON | State | PA | Zip Code (Plus 4) |      | 17042       |

|                                     |            |       |    |                   |      |             |
|-------------------------------------|------------|-------|----|-------------------|------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR | \$ 5,000.00 |
| FRIENDS OF KIM WARD                 |            |       | 2  | 6                 | 2024 |             |
| Mailing Address P.O. BOX 83         |            |       |    |                   |      |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) |      | 17108       |

|                                     |            |       |    |                   |      |             |
|-------------------------------------|------------|-------|----|-------------------|------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR | \$ 2,500.00 |
| FRIENDS OF NICOLE ZICCARELLI        |            |       | 3  | 4                 | 2024 |             |
| Mailing Address P.O. BOX 12022      |            |       |    |                   |      |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) |      | 17108       |

|                                     |            |       |    |                   |      |             |
|-------------------------------------|------------|-------|----|-------------------|------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR | \$ 1,000.00 |
| GREENLEE PARTNERS STATE PAC         |            |       | 2  | 6                 | 2024 |             |
| Mailing Address P.O. BOX 291        |            |       |    |                   |      |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) |      | 17108       |

|  |          |                         |    |     |      |             |
|--|----------|-------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee<br>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<br>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<br>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<br>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<br>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<br>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       |            |       | MO | DAY               | YEAR  | \$ 1,000.00 |
| PIPAC                                     |            |       | 2  | 6                 | 2024  |             |
| Mailing Address 409 N SECOND ST SUITE 202 |            |       |    |                   |       |             |
| City                                      | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 |             |

|                                     |            |       |    |                   |       |             |
|-------------------------------------|------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR  | \$ 1,000.00 |
| PMA PAC                             |            |       | 2  | 6                 | 2024  |             |
| Mailing Address 225 STATE ST        |            |       |    |                   |       |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 |             |

|                                     |            |       |    |                   |       |             |
|-------------------------------------|------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR  | \$ 1,000.00 |
| PSCOA PAC                           |            |       | 2  | 6                 | 2024  |             |
| Mailing Address 2421 N FRONT ST     |            |       |    |                   |       |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) | 17110 |             |

|                                     |            |       |    |                   |       |             |
|-------------------------------------|------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee |            |       | MO | DAY               | YEAR  | \$ 1,000.00 |
| TROOPERS ASSOCIATION PAC            |            |       | 2  | 6                 | 2024  |             |
| Mailing Address 3625 VARTAN WAY     |            |       |    |                   |       |             |
| City                                | HARRISBURG | State | PA | Zip Code (Plus 4) | 17110 |             |

|                                     |             |       |    |                   |       |             |
|-------------------------------------|-------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee |             |       | MO | DAY               | YEAR  | \$ 1,750.00 |
| VALUE DRUG PAC                      |             |       | 2  | 21                | 2024  |             |
| Mailing Address 195 THEATER DR      |             |       |    |                   |       |             |
| City                                | DUNCANVILLE | State | PA | Zip Code (Plus 4) | 16635 |             |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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><br><br>TIM DEFOOR FOR AUDITOR GENERAL | <b>Reporting Period</b><br><br><b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>3/4/2024</u> |
|--|--|

|   |                 |                                |             | DATE              |              |                          | AMOUNT    |
|---|-----------------|--------------------------------|-------------|-------------------|--------------|--------------------------|-----------|
| Full Name of Contributor                                    |                 |                                |             | MO                | DAY          | YEAR                     |           |
| K&L GATES, LLP  |                 |                                |             |                   |              |                          |           |
| <b>Mailing Address</b> 210 SIXTH AVE                        |                 |                                |             | 2                 | 6            | 2024                     | \$ 500.00 |
| <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> |           |

| Full Name of Contributor                                    |                 |                                |             | MO                        | DAY          | YEAR                     |           |
|---|-----------------|--------------------------------|-------------|---------------------------|--------------|--------------------------|-----------|
| NICHOLAS DEBENEDICTIS                                       |                 |                                |             |                           |              |                          |           |
| <b>Mailing Address</b> 231 GOLF VIEW RD                     |                 |                                |             | 2                         | 6            | 2024                     | \$ 500.00 |
| <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> |           |

| Full Name of Contributor                                    |                 |                                |             | MO                        | DAY          | YEAR                     |           |
|---|-----------------|--------------------------------|-------------|---------------------------|--------------|--------------------------|-----------|
| WILLIAM W HEILIG  |                 |                                |             |                           |              |                          |           |
| <b>Mailing Address</b> 924 WINDING LN                       |                 |                                |             | 2                         | 6            | 2024                     | \$ 500.00 |
| <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><br>JOHN HOLT                                   |                 |                                | <b>MO</b>                   | <b>DAY</b>                        | <b>YEAR</b> | \$ 500.00 |
| <b>Mailing Address</b> 108 DAISY LN  |                 |                                | 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><br>1603 CARMODY CT |                 | <b>City</b><br>SEWICKLEY       | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>15143 |             |           |

|   |                 |                                |                             |                                   |             |           |
|---|-----------------|--------------------------------|-----------------------------|-----------------------------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>MARY BETH JENKINS                        |                 |                                | <b>MO</b>                   | <b>DAY</b>                        | <b>YEAR</b> | \$ 500.00 |
| <b>Mailing Address</b> 123 WOAK HANNE VILLAGE DR                            |                 |                                | 2                           | 6                                 | 2024        |           |
| <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><br>600 GRANT ST |                 | <b>City</b><br>PITTSBURGH      | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>15219 |             |           |

|   |                 |                                |                             |                                   |             |           |
|---|-----------------|--------------------------------|-----------------------------|-----------------------------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>SHERYL A KASHUBA                           |                 |                                | <b>MO</b>                   | <b>DAY</b>                        | <b>YEAR</b> | \$ 500.00 |
| <b>Mailing Address</b> 807 CHARLES ST   |                 |                                | 2                           | 6                                 | 2024        |           |
| <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><br>200 LOTHROP ST |                 | <b>City</b><br>PITTSBURGH      | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>15213 |             |           |

|   |                 |                                |                           |                          |             |           |
|---|-----------------|--------------------------------|---------------------------|--------------------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>JOSEPH G WAGMAN          |                 |                                | <b>MO</b>                 | <b>DAY</b>               | <b>YEAR</b> | \$ 500.00 |
| <b>Mailing Address</b> 975 SUMMIT CIR, N                    |                 |                                | 2                         | 14                       | 2024        |           |
| <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><br>EDWARD H WEST            |                    |                                   | <b>MO</b>                               | <b>DAY</b>               | <b>YEAR</b> | \$ 500.00 |
| <b>Mailing Address</b> 246 PINK HOUSE RD                    |                    |                                   | 2                                       | 6                        | 2024        |           |
| <b>City</b> SEWICKLEY                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |          |
|--|--|---|----------|
| <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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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><br><br>\$ 0.00 |

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

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

  

|  |                    |                                  |                    | DATE                             | AMOUNT  |
|--|--------------------|----------------------------------|--------------------|----------------------------------|---|
| <b>Full Name of Contributor</b><br>COMMONWEALTH LEADERS FUND   |                    |                                  |                    | MO                               | \$ 1,513.00   |
| <b>Mailing Address</b> P.O. BOX 934  |                    |                                  |                    | 2                                |   |
| <b>City</b> HARRISBURG   | <b>State</b><br>PA | <b>Zip Code(Plus 4)</b><br>17108 | DAY                |                                  |   |
| <b>Employer of Contributor</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>Description of Contribution</b><br>FUNDRAISING EVENT |
| <b>Full Name of Contributor</b><br>ELIZABETH P HAVEY   |                    |                                  |                    | MO                               | \$ 850.00   |
| <b>Mailing Address</b> 600 MORENO RD   |                    |                                  |                    | 2                                |   |
| <b>City</b> PENN VALLEY  | <b>State</b><br>PA | <b>Zip Code(Plus 4)</b><br>19072 | DAY                |                                  |   |
| <b>Employer of Contributor</b> DILWORTH PAXSON   |                    |                                  |                    | <b>Occupation</b> ATTORNEY       |   |
| <b>Employer Mailing Address/Principal Place of Business</b><br>1500 MARKET ST SUITE 3500E                  |                    | <b>City</b><br>PHILADELPHIA      | <b>State</b><br>PA | <b>Zip Code(Plus 4)</b><br>19102 | <b>Description of Contribution</b><br>TICKET            |
| <b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b> |                    |                                  |                    |                                  | <b>PAGE TOTAL</b><br>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   |
|--------------------------------------|-----------------|--------------------------------|--|----------|
| <b>To Whom Paid</b><br>WINRED        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                      |          |
| <b>Mailing Address</b> P.O. BOX 9891 | 1               | 23                             | 2024   | \$ 1.18  |
| <b>City</b> ARLINGTON                | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 22219 | <b>Description of Expenditure</b><br>SERVICE FEE |          |
| <b>To Whom Paid</b><br>WINRED        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                      |          |
| <b>Mailing Address</b> P.O. BOX 9891 | 1               | 25                             | 2024   | \$ 0.24  |
| <b>City</b> ARLINGTON                | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 22219 | <b>Description of Expenditure</b><br>SERVICE FEE |          |
| <b>To Whom Paid</b><br>WINRED        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                      |          |
| <b>Mailing Address</b> P.O. BOX 9891 | 1               | 25                             | 2024   | \$ 0.20  |
| <b>City</b> ARLINGTON                | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 22219 | <b>Description of Expenditure</b><br>SERVICE FEE |          |
| <b>To Whom Paid</b><br>WINRED        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                      |          |
| <b>Mailing Address</b> P.O. BOX 9891 | 1               | 28                             | 2024   | \$ 0.39  |
| <b>City</b> ARLINGTON                | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 22219 | <b>Description of Expenditure</b><br>SERVICE FEE |          |
| <b>To Whom Paid</b><br>WINRED        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                      |          |
| <b>Mailing Address</b> P.O. BOX 9891 | 1               | 30                             | 2024   | \$ 19.70 |
| <b>City</b> ARLINGTON                | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 22219 | <b>Description of Expenditure</b><br>SERVICE FEE |          |



|   |             |                            |  |     |      |             |
|---|-------------|----------------------------|--|-----|------|-------------|
| To Whom Paid<br>AMY W. PETRAGLIA              |             |                            | MO                                       | DAY | YEAR | \$ 3,000.00 |
| Mailing Address 8000 CHRISTOPHER WREN DR #307 |             |                            | 2  | 8   | 2024 |             |
| City WEXFORD                                  | State<br>PA | Zip Code (Plus 4)<br>15090 | Description of Expenditure<br>CONSULTING |     |      |             |

|   |             |                            |  |     |      |           |
|---|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid<br>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<br>PA | Zip Code (Plus 4)<br>19063 | Description of Expenditure<br>CONSULTING |     |      |           |

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

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

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

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

|  |                    |                                   |  |            |             |                                   |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------------------------------|
| <b>To Whom Paid</b><br>WINRED  |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> |                                   |
| <b>Mailing Address</b> P.O. BOX 9891   |                    |                                   | 2  | 21         | 2024        |                                   |
| <b>City</b> ARLINGTON  | <b>State</b><br>VA | <b>Zip Code (Plus 4)</b><br>22219 | <b>Description of Expenditure</b><br>SERVICE FEE |            |             |                                   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                    |                                   |  |            |             | <b>PAGE TOTAL</b><br>\$ 17,889.72 |

