### **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	20200	0146			Rep File			CAND	IDA	TE		COMN	MITTEE	<b>✓</b> [	LOB	BYI	ST	
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		TIM I	DEF	OOR	FOR AL	IDIT	OR (	GENE	RAL	•					
Street Address:																			
City:	HARR -	ISBURG							State:	PA	4			Zip Cod	le: 17	'108	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2	Χ.	30 DA		POS	ST-	3.		AMENDM REPORT?		Yes		No	<b>/</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		POS	ST-	6.		TERMINA REPORT?		Yes		No	<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					NG METH CHECK (					PAPER		<b>\</b>	DI	SKETTI	E
Name of Office S	- Sought by	Candidat	e:						DATE	OF E	ELEC	TIO	N	District Number	Office Code	Pa	rty C	ode Co	unty de
									МО	DA	AY	YE	AR			RE	Р		
									1	1		5	2024		(SEE IN:	STRUCT	IONS	FOR COD	ES)
Summary of		and	МО	DAY	YEAR				МО	DA	AY	YI	EAR	FO	R OFFI	E US	E ON	LY	
Expenditures	from:			3 5	2	024	T	0		4		8	2024						
A. Amount Bro	ught Forw	vard Fron	ı Last R	eport				\$				44,6	586.93						
B. Total Moneta	ary Contri	ibutions A	And Rec	eipts (From	Sche	dule	I)	\$				1,0	017.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				45,7	703.93						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				13,3	302.77						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				32,4	01.16						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>')</b>			\$					0.00						
					AFF	IDA	VI	ΓSE	CTION										
PART I - If this is		-	•	_						-	-		_						
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedules	filed	on	paper	or by elec	troni	ic me	dium	, are to t	he best o	f my knov	wledge	and	belief ,	true
Sworn to and subs	cribed befo	ore me this		20								S	Signature	of Perso	n Submitt	ing Re	port		_
		Signatur						-						Prin	ted Name	1			—
My Commission Ex	cpires	Signatui	e											Ema	il				—
		мо	D/	AY	YR			-			Are	a Coc	le	Daytim	e Teleph	one N	umbe	r	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nittee	e, Ca	andid	ate shal	l sig	n he	re.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	politi	cal	comm	ittee has	not v	/iolat	ed an	y provisi	ions of the	e act of J	une 3,1	1937	(P.L. 13	333,
Sworn to and subsc		e me this								_			Si	ignature o	of Candida	ate			<b>-</b>
	day of							•		_				Printe	d Name				
	s	Signature						-											
My Commission Exp		-												Ema	il				
	_	мо	D	AY	YR						Area (	Code		Da	ytime T	elepho	ne N	ımber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
TIM DEFOOR FOR AUDITOR GENERAL	From:	3/5/202	<u>4</u> То:	4/8/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	17.00
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)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	1,000.00
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			\$	1,017.00

#### **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			
		F	rom:		То	<b>!</b>	
		•		DATE			AMOUNT
Full Name of Contributing Com	mittee		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)

( )		<b>P</b>					,	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	):	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
								PAGE TOTAL

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 Per	iod		
TIM DEFOOR FOR AUDITOR GENERAL	From:	3/5/2024	То:	4/8/2024

DATE

Full Name of Contributing Committee			мо	DAY	YEAR	
PFIZER PAC				Σ <b>λ</b> .	127110	<b>\$</b> 1,000.00
Mailing Address				7	2024	_,
City NEW YORK	State	Zip Code (Plus 4)	5	,	2024	

10017

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

NY

**PAGE TOTAL \$** 1,000.00

**AMOUNT** 

### 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			Rep	orting Pe	riod			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	PAGE TOTAL 0.00

## 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	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>.</b>	<u>,</u>		•	•	•	_	
Enton Cuand Total of David	E on Cohodulo I Detailed	Summany Dane	Cookie	4				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:	3/5/2024 <b>To:</b>	4/8/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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)	\$	0.00
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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				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:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period			
				Fro	m:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Z	ip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	ce of Business	City		State	e Zip	Code(Plus 4)	Descri	ption of	Contribution
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd Co	ontributions De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	<b></b>	<i>-</i> 30			-				0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
TIM DEFOOR FOR AUDITOR GENERAL	From	<u>3/5/2024</u>	То:	<u>4/8/2024</u>

				DATE	AMOUNT						
To Whom Paid					DAY	YEAR					
DTR CONSULTING				МО		TEAK					
Mailing Address				3	5	2024	\$	1,000.00			
City HARRISBURG	State	Zip	Code (Plus 4)	Descript	tion of Exp	enditure					
	PA	17	102	PROFESSIONAL SERVICES							
To Whom Paid				МО	DAY	YEAR					
LN CONSULTING, LLC				МО		ILAK					
Mailing Address					5	2024	\$	10,000.00			
City HARRISBURG	State	Zip	Code (Plus 4)	Description of Expenditure							
	PA	17	101	CONSULTING							
To Whom Paid				МО	DAY	YEAR					
DOUGH RICKARDS				МО		ILAK					
Mailing Address			3	11	2024	\$	202.10				
City HARRISBURG	State	Zip	Code (Plus 4)	Description of Expenditure							
	PA	PA 17102			REIMBURSEMENT						
To Whom Paid	·	•			DAY	YEAR					
CLINTON COUNTY REPU	BLICAN PARTY			МО	DAT	TEAK					
Mailing Address			3	17	2024	\$	100.00				
City LOCK HAVEN	State	Zip	Code (Plus 4)	Description of Expenditure							
	PA	PA 17745				AD					
To Whom Paid				МО	DAY	YEAR					
WINRED				MO		ILAK					
Mailing Address					26	2024	\$	0.39			
City ARLINGTON	State	Zip	Code (Plus 4)	Descript	tion of Exp	enditure					
	VA	22:	219	SERVICE FEE							
To Whom Paid				МО	DAY	YEAR					
AMY W. PETRAGLIO					DAT	TEAR					
Mailing Address				3	29	2024	\$	1,000.00			
City WEXFORD	State	State Zip Code (Plus 4)		Description of Expenditure							
	PA	150	090	CONSULTING							
				-							

To Whom Paid	МО	DAY	YEAR					
WINRED	MO		ILAK					
Mailing Address	4	2	2024	\$	0.28			
City ARLINGTON	State	Zip Code (Plus 4)	Description of Expenditure					
	VA	22219	SERVICE FEE					
To Whom Paid	мо	DAY	YEAR					
REPUBLICAN PARTY OF PENNS	1.10							
Mailing Address	4	3	2024	\$	1,000.00			
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17110	CONTRI	BUTION				
		PAGE TOTAL						
Enter Grand Total of Expen	\$	13,302.77						