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 202	10310			Repo			CANI	DIE	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		TEMO	ONS	FOR	PA										
Street Address:	1713 CEDAR	CLIFF D	R															
City:	CAMP HILL						State:			PA			Zip Cod	le: 17	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	2		30 DA		P	OST-	3. X		AMENDMENT Yes No REPORT?					\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA		P	OST-	6.		TERMINATION Yes No REPORT?					\
report type)	ANNUAL REPORT	7.	Year 2024					NG MET		_			PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Candida	ate:						DATE	OF	FELEC	CTIO	N	District Number	Office Code	Par	ty Cod	Code	
CENIATOD IN TI	IE CENIEDAL ACC	CMDLV						МО		DAY	YE	AR	81	STS	DEI	1	21	
SENATOR IN TE	HE GENERAL ASS	EMBLY						1	1		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО	DAY	YEAR			_	МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	,	
			4 9	20)24	T	0		5	1	L3	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					557.16						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,020.31																		
C. Total Funds Available (Sum Of Lines A and B)							\$				4,6	577.47						
D. Total Expenditures (From Schedule III)							\$				3,0	41.62						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$				1,6	35.85						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	hedul	e II)	1	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$					0.00		,				
				AFF:	IDA'	VI٦	ΓSE	CTIO	V									
PART I - If this is			_									_						
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	e attached sch	nedules	filed	on p	paper	or by ele	ectr	onic me	edium	, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		S	Signature	of Person	n Submitt	ing Re _l	ort		_
	Signat	ure					-		-				Print	ted Name				
My Commission Ex	pires						_		-				Emai	il				
	МО	D	AY	YR						Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comm	ittee	e, Ca	andid	ate sha	ll s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	politio	cal	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me this day of	•	20									Si	ignature o	f Candida	ite			_
													Printe	d Name				- $ $
	Signature						•		-				Emai	il				_
My Commission Exp	ires												Emai	·•				
	МО	D	AY	YR						Area	Code	_	Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
TEMONS FOR PA	From:	4/9/202	<u>4</u> To:	<u>5/13/2024</u>				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	458.31				
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)			\$	1,562.00				
TOTAL for the Reporting) Period	(2)	\$	1,562.00				
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	0.00				
All Other Contributions (Part D)			\$	1,000.00				
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,020.31				

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 Commit	tee or Candidate			Reporting	Period			
	Fi					То	•	
			•		DATE			AMOUNT
Full Name of Contributing	g Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	St	ate	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					
TEMONS FOR PA			Froi	m:	4/9/2	2024 T o	5/13/2024			
					DATE		,	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Susan Dyson					27.11					
Mailing Address 1001 E Oregon Ro	<u> </u>						\$	250.00		
City Lititz	State	Zip Code (Plus 4)	4	9	2024				
	PA	17543								
Full Name of Contributor Izanna Leonard-Haak		мо	DAY	YEAR						
Mailing Address 205 Mine Rd							\$	100.00		
City Hershey	State	Zip Code (Plus 4	,	4	9	2024	Ψ	100.00		
Tiershey	PA	17033	'	·						
Full Name of Contributor	1		<u> </u>							
Faith Curran			ı	МО	DAY	YEAR				
Mailing Address 415 Carol St							\$	250.00		
City New Cumberland	State	Zip Code (Plus 4)	4	10	2024				
	PA	17070								
Full Name of Contributor			Ī			.,				
Nicholas Petchel				МО	DAY	YEAR				
Mailing Address 70 Sharon Rd							\$	100.00		
City Enola	State	Zip Code (Plus 4)	4	12	2024				
	PA	17025								
Full Name of Contributor				мо	DAY	YEAR				
Bria Stetler				МО	DAT	TEAR				
Mailing Address 135 Creek Rd							\$	100.00		
City Manchester	State	Zip Code (Plus 4)	4	27	2024				
	PA	17345								
Full Name of Contributor				мо	DAY	YEAR				
Richard Askey								400		
Mailing Address 356 Dorwart Cir	State	Zin Code (Blue 4	\vdash	5	3	2024	\$	100.00		
City Etters	State	Zip Code (Plus 4	'	ס 	3	2024	24			
	PA	17319				l				

							J
Full Name of Con	tributor			МО	DAY	YEAR	
Rick Coplen				МО	DAT	TEAR	
Mailing Address	806 Alexander Spi	ring Rd					\$ 250.00
City Carlisle		State	Zip Code (Plus 4)	5	6	2024	
		PA	17015				
Full Name of Con	tributor			МО	DAY	YEAR	
Charles Bacas				140	DAI	ILAK	
Mailing Address	663 Madison						\$ 100.00
City York		State	Zip Code (Plus 4)	5	13	2024	
		PA	17404				
Full Name of Con	tributor			МО	DAY	YEAR	
Charles Alcorn							
Mailing Address	3475 Harrowgate	Rd	T	1			\$ 150.00
City York		State	Zip Code (Plus 4)	5	13	2024	
		PA	17402				
Full Name of Con	tributor			МО	DAY	YEAR	
J.L. Brunner					5711		
Mailing Address	225 Woods Dr						\$ 31.00
City Mechanic	sburg	State	Zip Code (Plus 4)	4	12	2024	
		PA	17050				
Full Name of Con	tributor			МО	DAY	YEAR	
J.L. Brunner				МО	DAI	ILAK	
Mailing Address	225 Woods Dr						\$ 31.00
City Mechanic	sburg	State	Zip Code (Plus 4)	5	12	2024	
		PA	17050				
Full Name of Con	tributor			мо	DAY	YEAR	
Holly Kleimo				MO	DAI	ILAK	
Mailing Address 1232 Woodworth Dr							\$ 100.00
City Lancaste	r	State	Zip Code (Plus 4)	4	11	2024	
1		1	1	1	I	I	
		PA	17601				

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

PAGE TOTAL \$ 1,562.00

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 Cai	ame of Filing Committee or Candidate			Reporting Period					
		From:			То:				
				DA	TE		Þ	AMOUNT	
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00	
Mailing Address							*	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary Pa	age, Sectio	n 3.			\$	0.00	

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 of Candidate		Reporting Period							
TEMONS FOR PA				Fror	n:	<u>4/9/2</u>	<u>024</u> To	:	5/13/2024
					D/	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	500.00
Joseph Moore								」	300.00
Mailing Address 207 Red Fox Lane					4	11	2024		
City Lititz	State	Zij	Code (Plus	4)] '		202		
	PA	17	'543						
Employer Name n/a					Occupation Not employed				
Employer Mailing Address/Principal Place of Business City					State		Zip Cod	de (Plus 4)	
n/a			n/a		PA			17543	
Full Name of Contributor					мо	DAY	YEAR	I .	
David Millary					МО	DAT	TEAR	\$	500.00
Mailing Address 5 Penza Ct					5	9	2024		
City Dillsburg	State	Zij	Code (Plus	3 4)		9	2027		
	PA	17	'019						
Employer Name Edu plus international					Occupat	ion	Founder		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	de (Plus 4)
5 Penza Dr			Dillsburg			PA		17019	
								F	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed S	umn	nary Page,	Section	on 3.				
							1 9	•	1,000.00
							'	•	1,000.00

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	lame of Filing Committee or Candidate				Reporting Period						
			From:			To:					
			DATE AM				AMOUNT				
Full Name				мо	DAY	YEAR	\$	0.00			
Mailing Address							7				
City	State	Zip Code (Plu	ıs 4)								
Receipt Description		.			•						
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL			
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	ection	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									
TEMONS FOR PA	From:	4/9/2024 To :	5/13/2024							
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)	\$	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 Period						
			From:			То:			
				DATE		AMOUNT \$			
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:		•	•			•			
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(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	TE AMOU			
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
TEMONS FOR PA	From	<u>4/9/2024</u>	То:	<u>5/13/2024</u>

					DATE		AMOUNT	
To Whom Paid				МО	DAY	YEAR		
Act Blue								
Mailing Address PO Box 441146				5	1	2024	\$	37.47
City Somerville		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		МА	02144-0031	Service Fee				
To Whom Paid					DAY	YEAR		
Google E Suite				МО		ILAK		
Mailing Address 16	500 Amphitheatre	Pkwy		5	2	2024	\$	61.06
City Mountain View	v	State	Zip Code (Plus 4)	Description of Expenditure				
		CA	94043	Website services				
To Whom Paid				МО	DAY	YEAR		
Colleen Nguyen								
Mailing Address 1713 Cedar Cliff Dr				4	18	2024	\$	2,000.00
City Camp Hill		State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17011	Payroll				
To Whom Paid				мо	DAY	YEAR		
MailChimp				1-10		ILAK		
Mailing Address 405 N Angler Ave NE				4	18	2024	\$	28.09
City Atlanta		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		GA	30308	Email Program				
To Whom Paid				мо	DAY	YEAR		
Berea Printing				1-10		ILAK		
Mailing Address 600 N Rockey River Dr				4	12	2024	\$	915.00
City Berea		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		ОН	44017	Yard Signs				
								PAGE TOTAL
Enter Grand Total of	of Expenditures of	on Page 1, Repo	rt Cover Page, Item D).			\$	3,041.62