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 | 2024 | C0276 | | | | port ed B | | CAN | NDI | DATE | √ | CO | MMITTEE | | LOBI | BYIST | | |
|---|----------------------|-------------------|-----------|-----------------------|---------|--------|--------------|-------|---------|-------|----------|----------|-------------|---------------------|----------------|---------|----------|----------|----------|
| Name of Filing C | Committe | e, Candida | ate or Lo | obbyist: | | TUN | N DE | FOOR | , | | | | | | | | | | _ |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State | : | | | | Zip Code | e: 17 | 110 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | No | • | / |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | E- | 5. X | 30 DA | | Р | OST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | • | / |
| report type) | ANNUAL | . REPORT | 7. | Year 2024 | | | | | IG ME | | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | L Sought by | , Candidat | te: | | | | | | DAT | ΕO | F ELE | CTI | ON | District Number | Office Code | Par | ty Code | Coun | |
| | | Currara | | | | | | | МО | | DAY | Υ | EAR | -1 | AUD | REP | | Code | |
| AUDITOR GENE | RAL | | | | | | | | | 11 | | 5 | 2024 | | (SEE INS | TRUCTI | ONS FOR | CODES) | , |
| Summary of | • | s and | МО | DAY | YEAR | 2 | | | МО | | DAY | Y | EAR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 9 17 | 2 | 024 | Т | 0 | | 10 | 2 | 21 | 2024 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | • | \$ | • | | • | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 0.00 | | | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 0.00 | | | | | | | | | | | | | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ | | | | | 0.00 | | | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | AFF | ·ID/ | AVI | T SE | CTIC | N | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidat | e re | port, c | cand | idate sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | hedule | s file | d on | paper | or by e | lecti | ronic m | ediun | n, are to t | he best of | my know | /ledge | and beli | ef , trı | ıe. |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | | | Signature | of Person | Submitt | ing Rep | ort | | - |
| | _ | Signatur | re | | | | | - | | | | | | Printe | ed Name | | | | - |
| My Commission Ex | cpires | | | | | | | _ | | • | | | | Email | | | | | _ |
| | | мо | D | AY | YR | | | | | | Are | ea Co | de | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate sh | all | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee h | as n | ot viola | ted a | ny provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed befo day of | re me this | | 20 | | | | | | | | | s | ignature of | Candida | te | | | - |
| | | | | | | | | - | | | | | | Printed | Name | | | | - |
| | : | Signature | | | | | | - | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | ł | | • | | | Area | Code | | Day | time Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| TUN DEFOOR | From: | 9/17/202 | <u>4</u> To: | 10/21/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| 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 | (2) | \$ | 0.00 | |
| 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) | | | \$ | 0.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g 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 | | | \$ | 0.00 |

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 Comm | Name of Filing Committee or Candidate | | Re | | | | | | |
|------------------------|---------------------------------------|-------|----------------|----|-----|------|------|----|--------|
| | | | | Fr | om: | | То | : | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing 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.

0.00

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 Commit | Name of Filing Committee or Candidate Reporting Period | | | | | | | | |
|--------------------------|---|-------------------|----------|------|------|-----|--------|--|--|
| | | | From: To | | | Го: | | | |
| | | · | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| | | | | | | \$ | 0.00 | | |
| Mailing Address | | | | | | | | | |
| Mailing Address City | State | Zip Code (Plus 4) | | | | | | | |

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 | me of Filing Committee or Candidate | | Reporting Period | | | | | | |
|--|-------------------------------------|---------|------------------|------|-----|------|---------------|-----------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | 0.00 |
| Mailing Address | | | | | | | - \$ | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTA | AL |
| enter Grand Total of Part C on Schedule I, Detailed 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 or Candidate | | | Rep | orting Pe | riod | | | | |
|---|---------------------|----------------|---------|-----------|-------|------|--------|--------------------|--|
| | | | Fron | n: | | To | То: | | |
| | | | | D | ATE | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | 7 | | |
| City | State | Zip Code (Plus | s 4) | | | | | | |
| Employer Name | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | City | | • | State | | Zip Co | ode (Plus 4) | |
| Enter Grand Total of Part C on Sche | 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: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | 1 | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | 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 Perio | d | | | | | |
|--|-----------------|-----------------------------|-------------------|--|--|--|--|
| TUN DEFOOR | From: | <u>9/17/2024</u> To: | <u>10/21/2024</u> | | | | |
| 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 PART 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 | ame of Filing Committee or Candidate | | | Reporting Period | | | | |
|--|--------------------------------------|-------------------|----------|------------------|------|-------------|-----------|------|
| | | | From: | | | То: | | |
| | | | | DATE | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | |
| | | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind 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 | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | | | DATE | | | AMOUNT |
|--|-------|--|------------------|--------|--------------|--------|----------|--------------|-----------------|
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | I | | | | Occup | ation | <u> </u> | | |
| Employer Mailing Address/Principal Place of Business City | | | State | e Ziŗ | Code(Plus 4) | Descri | ption of | Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions D Summary Page, Section 3. | | | | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | me of Filing Committee or Candidate | | | ng Period | | | | |
|---|-------------------------------------|-------------------|----------------------------|-----------|------|-----|------------|--|
| | | | | | | То: | | |
| DATE | | | | | | | AMOUNT | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| Enter Crond Total of Evanditures on Dags 1 Beneat Cover Dags 1 tom | | | , | | | | PAGE TOTAL | |
| nter Grand Total of Expenditures on Page 1, Report Cover Page, Item | | | <i>,</i> . | | | \$ | 0.00 | |