

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20200146		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> TIM DEFOOR FOR AUDITOR GENERAL												
<b>Street Address:</b>												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17108			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	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.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		9	17	2024		10	21	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 18,899.99						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 21,458.45						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 40,358.44						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 5,843.30						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 34,515.14						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 275,000.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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>9/17/2024</u> To: <u>10/21/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 158.45

<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>	\$ 300.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 300.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 21,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 21,000.00

<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>	\$ 21,458.45
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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
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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

**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)**

<b>Name of Filing Committee or Candidate</b> TIM DEFOOR FOR AUDITOR GENERAL	<b>Reporting Period</b> <b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>
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				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00	
THOMAS BOWEN								
Mailing Address				10	7	2024		
City	HUMMELSTOWN	State	Zip Code (Plus 4)					
		PA	17036					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00	
ARTHUR D HERSHEY								
Mailing Address				10	21	2024		
City	OXFORD	State	Zip Code (Plus 4)					
		PA	19363					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00	
ADOLPH POCHE								
Mailing Address				10	16	2024		
City	NORRISTOWN	State	Zip Code (Plus 4)					
		PA	19403					

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

<b>PAGE TOTAL</b>
\$ 300.00

## 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>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
FREEDOM PAC						
Mailing Address						
City	ALEXANDRIA	State	VA	10	7	2024
Zip Code (Plus 4)						
22314						
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF JUDY WARD						
Mailing Address						
City	HOLIDAYSBURG	State	PA	10	1	2024
Zip Code (Plus 4)						
16648						
						\$ 2,500.00
Full Name of Contributing Committee				MO	DAY	YEAR
GT COMMONWEALTH PAC						
Mailing Address						
City	HARRISBURG	State	PA	10	3	2024
Zip Code (Plus 4)						
17112						
						\$ 5,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
GT COMMONWEALTH PAC						
Mailing Address						
City	HARRISBURG	State	PA	10	15	2024
Zip Code (Plus 4)						
17112						
						\$ 5,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
IFAPAC - PA						
Mailing Address						
City	HARRISBURG	State	PA	10	10	2024
Zip Code (Plus 4)						
17112						
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
NFIB PENNSYLVANIA PAC						
Mailing Address						
City	WASHINGTON	State	DC	10	7	2024
Zip Code (Plus 4)						
20004						
						\$ 500.00

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 5,000.00
OPERATORS FOR SKILL PAC						
Mailing Address			9	28	2024	
City	HARRISBURG	State				PA

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
SCHOOL BUS PAC						
Mailing Address			10	7	2024	
City	LANSDALE	State				PA

Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
SUSQUEHANNA TOWNSHIP REPUBLICAN COMMITTEE						
Mailing Address			10	16	2024	
City	HARRISBURG	State				PA

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

<b>PAGE TOTAL</b>	
\$	21,000.00

**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	Reporting Period
	From: <span style="margin-left: 100px;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
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.

<b>PAGE TOTAL</b>
\$ 0.00

## 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: <span style="float: right;">To:</span>
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			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>9/17/2024</u> To: <u>10/21/2024</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)	\$ 275,000.00
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.)			\$ 275,000.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

					DATE		AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	275,000.00
COMMONWEALTH LEADERS FUND									
Mailing Address									
City			State		Zip Code(Plus 4)				
HARRISBURG			PA		17108				
Employer of Contributor					Occupation		PRINTING AND POSTAGE		
Employer Mailing Address/Principal Place of Business				City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL	
								275,000.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TIM DEFOOR FOR AUDITOR GENERAL	From <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE		AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$	
WINRED								
Mailing Address				9	19	2024		
City		ARLINGTON	State	VA	Zip Code (Plus 4)		22219	Description of Expenditure
								SERVICE FEE
To Whom Paid				MO	DAY	YEAR	\$	
WINRED								
Mailing Address				9	23	2024		
City		ARLINGTON	State	VA	Zip Code (Plus 4)		22219	Description of Expenditure
								SERVICE FEE
To Whom Paid				MO	DAY	YEAR	\$	
WINRED								
Mailing Address				9	24	2024		
City		ARLINGTON	State	VA	Zip Code (Plus 4)		22219	Description of Expenditure
								SERVICE FEE
To Whom Paid				MO	DAY	YEAR	\$	
POSTMASTER								
Mailing Address				9	25	2024		
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17108	Description of Expenditure
								POSTAGE
To Whom Paid				MO	DAY	YEAR	\$	
REPUBLICAN PARTY OF PENNSYLVANIA								
Mailing Address				9	30	2024		
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17110	Description of Expenditure
								CONTRIBUTION
To Whom Paid				MO	DAY	YEAR	\$	
DTR CONSULTING								
Mailing Address				10	6	2024		
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17102	Description of Expenditure
								PROFESSIONAL SERVICES

To Whom Paid PENNSYLVANIA YOUNG REPUBLICANS			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			10	6	2024	
City YORK	State PA	Zip Code (Plus 4) 17405	Description of Expenditure CONTRIBUTION			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 3.94
Mailing Address			10	7	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid ALEX SIMMONS			MO	DAY	YEAR	\$ 310.13
Mailing Address			10	8	2024	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure REIMBURSEMENT			

To Whom Paid PIGEON CREEK DESIGNS, LLC			MO	DAY	YEAR	\$ 3,148.20
Mailing Address			10	8	2024	
City SHOEMAKERSVILLE	State PA	Zip Code (Plus 4) 19555	Description of Expenditure YARDS SIGNS			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.39
Mailing Address			10	8	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.99
Mailing Address			10	8	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.53
Mailing Address			10	8	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid BARSZ GOWIE AMON & FULTZ			MO	DAY	YEAR	\$ 206.25
Mailing Address			10	16	2024	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONSULTING			

<b>To Whom Paid</b> WINRED			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 3.94
<b>Mailing Address</b>			10	16	2024	
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22219	<b>Description of Expenditure</b> SERVICE FEE			

  

<b>To Whom Paid</b> WINRED			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 0.39
<b>Mailing Address</b>			10	20	2024	
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22219	<b>Description of Expenditure</b> SERVICE FEE			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 5,843.30

