

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 (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 | 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 | | |
| | | 9 | 17 | 2024 | | 10 | 21 | 2024 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 18,899.99 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 21,458.45 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 40,358.44 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 5,843.30 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 34,515.14 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ 275,000.00 | | | | | | |
| 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

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

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

| | |
|--|-----------|
| 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) | \$ 300.00 |
| TOTAL for the Reporting Period (2) | \$ 300.00 |

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

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 21,458.45 |
|---|--------------|

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 TIM DEFOOR FOR AUDITOR GENERAL | Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u> |
|--|---|

| | | | | DATE | | | AMOUNT | |
|--|--|-------------|----------------------------|----------|-----------|--------------|-----------|--|
| Full Name of Contributor THOMAS BOWEN | | | | MO 10 | DAY 7 | YEAR 2024 | \$ 100.00 | |
| Mailing Address 104 HUNT ST | | | | | | | | |
| City HUMMELSTOWN | | State PA | Zip Code (Plus 4) 17036 | | | | | |
| Full Name of Contributor ARTHUR D HERSHEY | | | | MO 10 | DAY 21 | YEAR 2024 | \$ 100.00 | |
| Mailing Address 1163 KENSINGTON LN APT 2109 | | | | | | | | |
| City OXFORD | | State PA | Zip Code (Plus 4) 19363 | | | | | |
| Full Name of Contributor ADOLPH POCHE | | | | MO 10 | DAY 16 | YEAR 2024 | \$ 100.00 | |
| Mailing Address 24102 SHANNONDELL DR | | | | | | | | |
| City NORRISTOWN | | State PA | Zip Code (Plus 4) 19403 | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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.

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

| | | | | DATE | | AMOUNT | |
|---|----------|-------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| FREEDOM PAC | | | | 10 | 7 | 2024 | |
| Mailing Address 228 S WASHINGTON ST SUITE 115 | | | | | | | |
| City ALEXANDRIA | State VA | Zip Code (Plus 4) 22314 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 2,500.00 |
| FRIENDS OF JUDY WARD | | | | 10 | 1 | 2024 | |
| Mailing Address P.O. BOX 288 | | | | | | | |
| City HOLIDAYSBURG | State PA | Zip Code (Plus 4) 16648 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 5,000.00 |
| GT COMMONWEALTH PAC | | | | 10 | 3 | 2024 | |
| Mailing Address 4075 LINGLESTOWN RD | | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17112 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 5,000.00 |
| GT COMMONWEALTH PAC | | | | 10 | 15 | 2024 | |
| Mailing Address 4075 LINGLESTOWN RD | | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17112 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| IFAPAC - PA | | | | 10 | 10 | 2024 | |
| Mailing Address 6059 ALLENTOWN BLVD #310 | | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17112 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| NFIB PENNSYLVANIA PAC | | | | 10 | 7 | 2024 | |
| Mailing Address 1201 F ST, NW SUITE 200 | | | | | | | |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20004 | | | | | |

| | | | | | | |
|-------------------------------------|----------|-------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 5,000.00 |
| OPERATORS FOR SKILL PAC | | | 9 | 28 | 2024 | |
| Mailing Address P.O. BOX 343 | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|-------------------------------------|----------|-------------------------|----|-----|------|-------------|
| SCHOOL BUS PAC | | | 10 | 7 | 2024 | |
| Mailing Address 623 N BROAD ST | | | | | | |
| City LANSDALE | State PA | Zip Code (Plus 4) 19446 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
|---|----------|-------------------------|----|-----|------|-----------|
| SUSQUEHANNA TOWNSHIP REPUBLICAN COMMITTEE | | | | | | |
| Mailing Address 3410 BELAIR RD | | | 10 | 16 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17109 | | | | |

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

| | |
|-------------------|-----------|
| PAGE TOTAL | |
| \$ | 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: To: |

| | | | DATE | | | AMOUNT | |
|--|-------|-------------------|------------|-------|------|-------------------|--|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 | |
| Mailing Address | | | | | | | |
| 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.

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 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: | 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.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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: <u>9/17/2024</u> To: <u>10/21/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| 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: To: |
|---------------------------------------|--|

| | | | 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. | | | | | | PAGE TOTAL \$ 0.00 |

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

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

| | | | | DATE | | AMOUNT | |
|---|--|-------------|---------------------------|------------|------------------|-----------------------------|--------------------------|
| Full Name of Contributor COMMONWEALTH LEADERS FUND | | | | MO 10 | DAY 18 | YEAR 2024 | \$ 275,000.00 |
| Mailing Address P.O. BOX 934 | | | | | | | |
| City HARRISBURG | | State PA | Zip Code(Plus 4) 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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| 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 P.O. BOX 9891 | 9 | 19 | 2024 | \$ 0.39 |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure | |
| | | | SERVICE FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| WINRED | | | | |
| Mailing Address P.O. BOX 9891 | 9 | 23 | 2024 | \$ 1.97 |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure | |
| | | | SERVICE FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| WINRED | | | | |
| Mailing Address P.O. BOX 9891 | 9 | 24 | 2024 | \$ 1.58 |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure | |
| | | | SERVICE FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| POSTMASTER | | | | |
| Mailing Address 312 MARKET ST | 9 | 25 | 2024 | \$ 14.60 |
| 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 3501 N FRONT ST SUITE 200 | 9 | 30 | 2024 | \$ 150.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure | |
| | | | CONTRIBUTION | |
| To Whom Paid | MO | DAY | YEAR | |
| DTR CONSULTING | | | | |
| Mailing Address 210 KELKER ST | 10 | 6 | 2024 | \$ 1,000.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure | |
| | | | PROFESSIONAL SERVICES | |

| | | | | | | |
|--------------------------------|----------|-------------------------|---|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,000.00 |
| PENNSYLVANIA YOUNG REPUBLICANS | | | | | | |
| Mailing Address P.O. BOX 2891 | | | 10 | 6 | 2024 | |
| City YORK | State PA | Zip Code (Plus 4) 17405 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|-------------------------------|----------|-------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 3.94 |
| WINRED | | | | | | |
| Mailing Address P.O. BOX 9891 | | | 10 | 7 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|-------------------------------|----------|-------------------------|--|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 310.13 |
| ALEX SIMMONS | | | | | | |
| Mailing Address 520 N LIME ST | | | 10 | 8 | 2024 | |
| City ELIZABETHTOWN | State PA | Zip Code (Plus 4) 17022 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|---|----------|-------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 3,148.20 |
| PIGEON CREEK DESIGNS, LLC | | | | | | |
| Mailing Address 511 FRANKLIN ST UNIT #333 | | | 10 | 8 | 2024 | |
| City SHOEMAKERSVILLE | State PA | Zip Code (Plus 4) 19555 | Description of Expenditure YARDS SIGNS | | | |

| | | | | | | |
|-------------------------------|----------|-------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 0.39 |
| WINRED | | | | | | |
| Mailing Address P.O. BOX 9891 | | | 10 | 8 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|-------------------------------|----------|-------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 0.99 |
| WINRED | | | | | | |
| Mailing Address P.O. BOX 9891 | | | 10 | 8 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|-------------------------------|----------|-------------------------|--|-----|------|---------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 0.53 |
| WINRED | | | | | | |
| Mailing Address P.O. BOX 9891 | | | 10 | 8 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|----------|-------------------------|---------------------------------------|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 206.25 |
| BARSZ GOWIE AMON & FULTZ | | | | | | |
| Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040 | | | 10 | 16 | 2024 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | Description of Expenditure CONSULTING | | | |

| | | | | | | |
|--------------------------------------|--------------------|-----------------------------------|--|------------|-------------|----------------|
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 3.94 |
| Mailing Address P.O. BOX 9891 | | | 10 | 16 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--------------------------------------|--------------------|-----------------------------------|--|------------|-------------|----------------|
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 0.39 |
| Mailing Address P.O. BOX 9891 | | | 10 | 20 | 2024 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--|--|--|--|--|--|--------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 5,843.30 |

