### **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	IDI	DATE	<b>√</b>	CO	MMITTEE		LOBI	BYIST			
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:				FOOR												
Street Address:																				
City:									State:					Zip Code	<b>Zip Code:</b> 17110					
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	<b>~</b>		
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	≣-	5.	30 DA		Р	OST-	6. <b>X</b>		TERMINATREPORT?	ΓΙΟΝ	Yes	No			
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024						ETHOD PAPER DIS						DISKE	TTE			
Name of Office S	ought by	Candidat	te:						DATI	ΕO	F ELE	СТІС	District Office Party Code C							
ALIDITOD CENE	- DAI								МО		DAY	Υ	EAR	-1	AUD	REP				
AUDITOR GENE	KAL									11		5	2024		(SEE INS	TRUCTI	ONS FOR C	CODES)		
Summary of	•	s and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			10 22	2	024	Т	0		11	2	25	2024							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00							
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (I	From Sche	edule II	I)				\$					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	ittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidat	e re	port, c	and	idate sig	ın here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	d on	paper	or by e	lecti	ronic me	ediun	n, are to t	he best of	my knov	vledge	and belie	ef , true		
Sworn to and subs	cribed bef	ore me this		20								1	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	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	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 ha	as no	ot violat	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L.	. 1333,		
Sworn to and subsc		re me this											s	ignature of	Candida	ite		<del></del>		
	day of —							_						Printed	Name					
	;	Signature						-												
My Commission Exp	ires													Email						
	_	МО	D	AY	YR	1		-			Area	Code		Day	time Te	elephon	e Numbe	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
TIM DEFOOR	From:	10/22/202	<u>4</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	) Period	(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	Period	(3)	\$	0.00
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			\$	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 Committee or Candida	nmittee or Candidate Rep				Reporting Period						
			From:		То	:					
		•		DATE			AMOUNT				
Full Name of Contributing Committee			мо	DAY	YEAR						
Mailing Address	_	_				\$	0.00				
City	State	Zip Code (Plus 4)									

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

PAGE TOTAL
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.

Name of Filing Comn	nittee or Candidate	Re	porting	Period			
		Fre	om:		To	o:	
				DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
,							
							PAGE TOTAL

#### **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 Period								
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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					Reporting Period				
Fro						T	0:		
				D	ATE		AMOUNT		
				мо	DAY	YEAR	\$	0.00	
Mailing Address									
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip	

## 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 of	or Candidate		Report	ing Peri	od			
	From: To:							
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Peri	od	
TIM DEFOOR	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
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 Rep				Reporting Period				
F					То:			
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					orting	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					Occup	ation					
Employer Mailing Address/Principal Plac	e of Business	City	′	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	ontributions De	etaile	ed				PAGE TOT	ΓAL	
Summary Page, Section 3.	<b></b>									0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	<b>,</b> .			\$	0.00