

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.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes <input checked="" type="checkbox"/>	No		
	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		
		10	22	2024		11	25	2024			
A. Amount Brought Forward From Last Report					\$ 34,515.14						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 8,160.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 42,675.14						
D. Total Expenditures (From Schedule III)					\$ 42,675.14						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 0.00						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 164.03						
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>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 60.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 8,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 8,000.00

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.)	\$ 8,160.00
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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	Reporting Period
TIM DEFOOR FOR AUDITOR GENERAL	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
RUTH E BAKER				
Mailing Address 15 DELBRIDGE RD				\$ 100.00
City BOYERTOWN	State PA	Zip Code (Plus 4) 19512		

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

PAGE TOTAL
\$ 100.00

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>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$5,000.00
CHAMBER PAC				10	29	2024	
Mailing Address 417 WALNUT ST							
City HARRISBURG		State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee				MO	DAY	YEAR	\$3,000.00
REPUBLICANS UNITED				10	24	2024	
Mailing Address 210 KELKER ST							
City HARRISBURG		State PA	Zip Code (Plus 4) 17102				

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

PAGE TOTAL \$ 8,000.00

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:
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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.

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>10/22/2024</u> To: <u>11/25/2024</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)		\$	164.03
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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.)		\$	164.03

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

Name of Filing Committee or Candidate TIM DEFOOR FOR AUDITOR GENERAL	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
PENN MANOR REPUBLICAN COMMITTEE						\$ 164.03
Mailing Address 2260 ERIN CT			10	25	2024	
City LANCASTER	State PA	Zip Code (Plus 4) 17601				
Description of Contribution: ADS						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 164.03

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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)					
Employer of Contributor				Occupation			
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 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
TIM DEFOOR FOR AUDITOR GENERAL	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BUCKS COUNTY REPUBLICAN COMMITTEE				
Mailing Address 115 N BROAD ST	10	24	2024	\$ 1,000.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
REAM PRINTING COMPANY, INC.				
Mailing Address 515 FARMBROOK LN P.O. BOX 2891	10	24	2024	\$ 31.80
City YORK	State PA	Zip Code (Plus 4) 17405	Description of Expenditure DESIGN	
To Whom Paid	MO	DAY	YEAR	
LN CONSULTING, LLC				
Mailing Address 121 STATE ST	10	29	2024	\$ 30,495.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure TEXT MESSAGING	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address P.O. BOX 9891	10	29	2024	\$ 0.39
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
ALEX SIMMONS				
Mailing Address 520 N LIME ST	10	31	2024	\$ 5,000.00
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure CONSULTING	
To Whom Paid	MO	DAY	YEAR	
DTR CONSULTING				
Mailing Address 210 KELKER ST	11	4	2024	\$ 2,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES	

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.99
Mailing Address P.O. BOX 9891			11	4	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid ATLAS & MIGHT			MO	DAY	YEAR	\$ 1,503.51
Mailing Address 2135 MARKET ST FLOOR 2			11	5	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 170111	Description of Expenditure PRODUCTION			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.99
Mailing Address P.O. BOX 9891			11	5	2024	
City ARLINGTON	State VA	Zip Code (Plus 4) 22219	Description of Expenditure SERVICE FEE			

To Whom Paid PA FOP			MO	DAY	YEAR	\$ 250.00
Mailing Address 5262 E TRINDLE RD			11	8	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050	Description of Expenditure AD			

To Whom Paid BARSZ GOWIE AMON & FULTZ			MO	DAY	YEAR	\$ 68.75
Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040			11	12	2024	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONSULTING			

To Whom Paid ALEX SIMMONS			MO	DAY	YEAR	\$ 2,323.71
Mailing Address 520 N LIME ST			11	18	2024	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure CONSULTING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 42,675.14

