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 2021	0310			Repor Filed I		CA	MDI	DATE		COMN	ITTTEE	Y	LOBE	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		TEMON	IS FOF	R PA									
Street Address:																
City:	ETTERS						Stat	e:	PA			Zip Co	de: 17	7319		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.								AMENDMENT REPORT?		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5.	30 D/		F	POST-	6.		TERMINATION REPORT?		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2024				NG MI					PAPER		$ \checkmark $	DISKE	ΓΤΕ
Name of Office S	ought by Candida	te:	•		·		DAT	ſE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
STATE TREASU	RER						МО		DAY	YE	AR	31	TRE	DEM	1	
STATE TREASO	KLK							11		5	2024		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		11 26	20)24 1	ГО		12	3	31	2024					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$				1,4	27.61					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sched	dule I)	\$;				53.46					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;			1,48	81.07					
D. Total Expend	ditures (From Sch	edule II	I)			\$	1			8	39.15					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				1,39	91.92					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$;				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)		\$					0.00			1		
				AFF:	IDAVI	IT SE	CTI	ON								
	a Committee rep	-	_						-		_			wledge :	and balis	of true
correct and comple		during the	e attacheu sc	lieuules	illed on	рареі	ог Бу	eiecu	ronic ine	aiuiii,	are to t	ne best o	n my kno	wieuge a	illa belle	ii, tide
Sworn to and subs	cribed before me this day of	3	20							Si	gnature	of Perso	n Submit	ting Rep	ort	
	Signatu	re				_						Prin	ited Name	e		
My Commission Ex	rpires					_						Ema	nil			
	МО	D	AY	YR					Are	a Code	•	Daytin	ne Teleph	none Nui	nber	
Part II- If this is	a report of a cand	didate's	authorized	l Comm	ittee, (Candid	late s	hall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and bel	ief this	political	comm	ittee l	has n	ot violat	ed any	provisi	ons of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								Si	gnature	of Candid	ate		
						_						Printe	ed Name			— <u> </u>
My Commission Exp	Signature ires					_						Ema	nil			<u> </u>
	мо	D	AY	YR		_			Area (Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
TEMONS FOR PA	From:	11/26/202	<u>4</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	53.46
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			\$	53.46

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						
		-1	From:		То	•				
		•		DATE			AMOUNT			
Full Name of Contributing 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.

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 Committ	ee or Candidate	R	Reporting	Period			
		F	rom:		То) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
I .	State	Zip Code (Plus 4)					
City							

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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				Repo	orting Pe	riod				
				Fron	n:		т	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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	
TEMONS FOR PA	From:	<u>11/26/2024</u> To:	12/31/2024
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 Car	Name of Filing Committee or Candidate Rep						Reporting Period					
	From: To:											
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						7 \$	C	0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•								
					-							
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

PAGE TOTAL

89.15

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate					Reporting Period					
TEMONS FOR PA				11/26	<u>5/2024</u>	То:	12/31/2024				
		AMOUNT									
To Whom Paid			МО	DAY	YEAR						
Google Suite											
Mailing Address			12	2	2024	\$	61.06				
City Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	CA	94043	Website	services							
To Whom Paid			МО	DAY	YEAR						
MailChimp			MO	DAI	ILAK						
Mailing Address	Mailing Address			18	2024	\$	28.09				
City Atlanta	ty Atlanta State Zip Code (Plus 4)			tion of Exp	enditure						
	GA	30308	Email se	ervices							

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.