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 :	ion 9600	334			Repo Filed		C	ANDI	DATE		СОМ	MITTEE		LOB	BYIST	 ✓ 	,
Name of Filing O	Committee, Candid	ate or L	obbyist:		Tamar	a Sti	ne										
Street Address:	212 N. 3RD S	T. STE	203														
City:	HARRISBURG						Sta	ite:	PA			Zip Co	de: 17	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.		DAY MARY	F	POST-	3.		AMENDM REPORT		Yes	✓ ſ	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	PRE- 5. 30 DAY ELECTION				POST- 6.			TERMINATION REPORT?		Yes	1	lo	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2009)				METHO				PAPER		\checkmark	DIS	ETTE	
Name of Office S	L Sought by Candida	te:					D/	TE O	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Cod	e Cou Cod	
	,				MO DAY					YE	AR	Number	coue			1000	
							11 3 2009					i	(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAF	2		м)	DAY	YI	EAR	FC	R OFFIC	e use	ONL	(
Expenditures	s from:		1 1	2	009	то		12	3	31	2009	_					
A. Amount Bro	ught Forward Fror	n Last R	leport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			3,2	250.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(3,25	50.00)						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	/)			\$				0.00		,				
				AFF	IDAV	'IT S	ECT	ION									
PART I - If this is	s a Committee rep	ort, trea	asurer sign	here.	If this	is a C	andid	ate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	chedule	s filed o	n pape	er or b	y elect	ronic me	dium	, are to f	the best o	f my know	ledge	and be	lief , t	rue
Sworn to and subs	scribed before me this day of	5	20							S	Signature	e of Perso	n Submitti	ng Re	port		_
	Signatu	re				_						Prin	ted Name				-
My Commission E	-											Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	ne Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comr	nittee,	Cand	idate	shall	sign he	ere.							
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowl	edge and bel	ief this	s politica	al com	mitte	e has n	ot violat	ed an	ıy provis	ions of th	e act of Ju	ne 3,1	937 (P	.L. 133	33,
Sworn to and subso	cribed before me this day of		20								s	ignature o	of Candida	te			-
												Printe	d Name				-
	Signature					_						Ema	il				_
My Commission Exp	oires 											Ema					
	мо	D	AY	YR	2				Area (Code		D	aytime Te	lephoi	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2009</u> **To:** Tamara Stine 12/31/2009 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
F				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			From: To) :				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

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			Reporting Period							
			From:			То:				
				DA	TE		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00		

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 Repo				orting Period					
From:				m: To:					
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE 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:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
		_	.					PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 Period		
Tamara Stine	From:	<u>1/1/2009</u> To:	<u>12/31/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
F			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary P Section 2.					le,	P	AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate				Reporting Period					
				m:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor			Occupation						
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption 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			Reporti	Reporting Period						
Tamara Stine			From	<u>1/</u>	1/2009	То:	<u>12/31/2009</u>			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Schroder 2010										
Mailing Address unknown	g Address unknown			24	2009	\$	500.00			
City				Description of Expenditure						
	РА		political	contributi	on	-				
To Whom Paid Cumberland Co Republican Committee				DAY	YEAR					
Mailing Address unknown			10	2	2009	\$	500.00			
City State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	1				
	РА		political contribution							
To Whom Paid			мо	DAY	YEAR					
Phyliss Mundy For State Rep			MO		TLAK					
Mailing Address unknown			10	2	2009	\$	250.00			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА		political	contributi	on					
To Whom Paid			мо	DAY	YEAR					
Re-elect Senator Mike Stack										
Mailing Address unknown			10	7	2009	\$	500.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
	PA		political contribution							
To Whom Paid			мо	DAY	YEAR					
Citizens for Hughes										
Mailing Address unknown			10	26	2009	\$	1,000.00			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА		political	contributi	on					
To Whom Paid			мо	DAY	YEAR					
Committee to Elect Marc Gergley										
Mailing Address unknown			11	10	2009	\$	500.00			
City State Zip Code (Plus 4)			Descript	tion of Exp	enditure					
РА			political contribution							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			h				PAGE TOTAL			
		tell I age, Itell I				\$	3,250.00			