



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	TIMOTHY L. DEFOOR							
Street Address	1300 ELLIS DRIVE APT 206							
City	HARRISBURG	State	PA	Zip Code	17110-9146			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	05-19-2015		Year	2015		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01-01-2015	05-04-2015	
A. Amount Brought Forward From Last Report	\$	0	<div>RECEIVED 2015 MAY -8 PM 3:00 DAUPHIN COUNTY DEPT OF VOTER REGISTRATION AND ELECTIONS</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	50.00	
C. Total Funds Available (Sum of Lines A and B)	\$	50.00	
D. Total Expenditures (From Schedule III)	\$	254.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-204.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of May 20 15

Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
RICHIE A. MARTZ, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2015

My Commission expires

MO.

DAY

YR.

Signature of Person Submitting report

Printed Name

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

Signature of Candidate

Printed Name

My Commission expires

MO.

DAY

YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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 Page 1, Report Cover Page, Item B)		\$	50.00

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		DAUPHIN COUNTY BUREAU OF ELECTIONS			Date [MM/DD/YYYY]	\$	100.00
House #	2	Street Address	3. 2ND ST		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17101	FILING FEE	
To Whom Paid		DWAYNE DEFOOR			Date [MM/DD/YYYY]	\$	125.00
House #	3404	Street Address	BROOKSIDE DR		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17109	REIMBURSEMENT FOR FOOD	
To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	29.00
House #	5125	Street Address	JONESTOWN RD		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17112	EVENT SUPPLIES	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			