

Commonwealth of Pennsylvania



Campaign Finance Report

347537

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 2010027		Report Filed By: CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: TOOHIL, TARAH COM TO ELECT								
Street Address: 751 N CHURCH STREET								
City: HAZELTON				State: PA		Zip Code: 18201-6277		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	
				MO	DAY	YEAR	Party Code	
				11	2	2021	REP 40	
				(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		1	1	2021	TO	5	3	2021
A. Amount Brought Forward From Last Report		\$		10,099.68		FOR OFFICE USE ONLY		
B. Total Monetary Contributions And Receipts (From Schedule I)		\$		10,940.20		RECEIVED 2021 MAR 10 AM 9:27 DSEB OF ELECTIONS LOBBYING DIVISION HAZELTON COUNTY, PA		
C. Total Funds Available (Sum Of Lines A and B)		\$		21,039.88				
D. Total Expenditures (From Schedule III)		\$		11,514.71				
E. Ending Cash Balance (Subtract Line D From Line C)		\$		9,525.17				
F. Value Of In-Kind Contributions Received (From Schedule II)		\$		0.00				
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

N/A - SEE DSEB-502R
Signature

My Commission Expires _____ MO _____ DAY _____ YR

Robert M. Moore
Signature of Person Submitting Report

ROBERT M. MOORE
Printed Name

RMOORE@DMODRECPA.COM
Email

570-455-9408
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

N/A - SEE DSEB-502R
Signature

My Commission Expires _____ MO _____ DAY _____ YR

Tarah C. Toohil
Signature of Candidate

TARAH C. TOOHIL
Printed Name

TOOHIL@EMAIL.COM
Email

570-453-1344
Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate TOOHIL,TARAH COM TO ELECT	Reporting Period From: <u>1/1/2021</u> To: <u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 540.20
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)	\$ 9,600.00
All Other Contributions (Part D)	\$ 800.00
TOTAL for the Reporting Period (3)	\$ 10,400.00
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.)	\$ 10,940.20

**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 From: _____ To: _____
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				DATE	AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 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 Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor	MO	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

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 TOOHIL, TARAH COM TO ELECT	Reporting Period	
	From: <u>1/1/2021</u>	To: <u>5/3/2021</u>

Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
GGR INC PAC	2	4	2021	\$ 300.00
Mailing Address 212 LOCUST ST SUITE 300				
City HARRISBURG State PA Zip Code (Plus 4) 17101				
OPERATORS FOR SKILL PAC.	2	4	2021	\$ 1,000.00
Mailing Address PO BOX 343				
City HARRISBURG State PA Zip Code (Plus 4) 17108				
BETTER PENNSYLVANIA PAC	2	4	2021	\$ 500.00
Mailing Address 121 STATE STREET				
City HARRISBURG State PA Zip Code (Plus 4) 17101				
PSCOA PAC.	2	4	2021	\$ 500.00
Mailing Address 2421 NORTH FRONT STREET				
City HARRISBURG State PA Zip Code (Plus 4) 17110				
EASTERN PA LABORERS' LPL	2	4	2021	\$ 300.00
Mailing Address 233 S WASHINGTON ST				
City WILKES BARRE State PA Zip Code (Plus 4) 18701				

Full Name of Contributing Committee TROOPER ASSN PAC (TAP)			MO	DAY	YEAR	\$ 500.00
Mailing Address 3625 VARTAN WAY			2	4	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110-9439				
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC POLITICAL ACTION COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 218 NORTH ST			2	4	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PA FRATERNAL ORDER OF POLICE PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 898			2	4	2021	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributing Committee FOODPAC OF PENNSYLVANIA			MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 870			2	8	2021	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001				
Full Name of Contributing Committee 1776 PAC (UFCW)			MO	DAY	YEAR	\$ 300.00
Mailing Address 3031-A WALTON RD STE 201			2	17	2021	
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19462-0000				
Full Name of Contributing Committee PSEA PACE			MO	DAY	YEAR	\$ 500.00
Mailing Address 400 N THIRD ST, PO BOX 1724			2	17	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				

Full Name of Contributing Committee PAA-PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1925 N FRONT ST PO BOX 2955			2	17	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 1800 CENTER ST			2	23	2021	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee PABAR PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 100 SOUTH ST PO BOX 186			2	23	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND			MO	DAY	YEAR	\$ 500.00
Mailing Address 30 S 17TH ST			3	3	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee PA PT PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 2400 ARDMORE BLVD STE 302			4	6	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15221				
Full Name of Contributing Committee FRIENDS OF CAMERA BARTOLOTTA			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 25			4	6	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
LAWPAC			4	6	2021		1,000.00
Mailing Address 212 N 3RD ST STE 101							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

PAGE TOTAL
\$ 9,600.00

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

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 TOOHIL, TARAH COM TO ELECT	Reporting Period From: <u>1/1/2021</u> To: <u>5/3/2021</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
SEAN SHAMANY					
Mailing Address 17 WEST PLAYERS WAY				\$	500.00
City HAZLETON	2	4	2021		
State PA	Zip Code (Plus 4) 18201				
Employer Name SELF EMPLOYED				Occupation EXECUTIVE	
Employer Mailing Address/Principal Place of Business 17 WEST PLAYERS WAY		City HAZLETON		State PA	Zip Code (Plus 4) 18201

Full Name of Contributor	MO	DAY	YEAR		
FRANK A ROWLAND					
Mailing Address 1400 WARWICK RD				\$	300.00
City CAMP HILL	2	17	2021		
State PA	Zip Code (Plus 4) 17011				
Employer Name JPL INTEGRATED COMMUNICATIONS INC				Occupation LEAD PRODUCER	
Employer Mailing Address/Principal Place of Business 471 JPL WICK DRIVE		City HARRISBURG		State PA	Zip Code (Plus 4) 17111

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

PAGE TOTAL
\$ 800.00

**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:

	DATE			AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 TOOHIL, TARAH COM TO ELECT	Reporting Period From: <u>1/1/2021</u> To: <u>5/3/2021</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)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - 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.)	\$ 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate.	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City	State	Zip Code(Plus 4)			\$ 0.00
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			
TOOHIL, TARAH COM TO ELECT				From <u>1/1/2021</u> To: <u>5/3/2021</u>			

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
IGNITE STRATEGIES LLC	3	9	2021	\$ 1,193.02
Mailing Address PO BOX 101				
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		Description of Expenditure HANDOUT PRINTING & NEWSPAPER ADS
To Whom Paid	MO	DAY	YEAR	
IGNITE STRATEGIES LLC	3	9	2021	\$ 325.00
Mailing Address PO BOX 101				
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		Description of Expenditure WEBSITE HOSTING
To Whom Paid	MO	DAY	YEAR	
IGNITE STRATEGIES LLC	3	9	2021	\$ 604.44
Mailing Address PO BOX 101				
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		Description of Expenditure CAMPAIGN EVENT EXPENSES
To Whom Paid	MO	DAY	YEAR	
TOOHIL FOR JUDGE	4	29	2021	\$ 9,000.00
Mailing Address 95 GLENN EAGLES DR				
City HAZLETON	State PA	Zip Code (Plus 4) 18202		Description of Expenditure CONTRIBUTION
To Whom Paid	MO	DAY	YEAR	
VERIZON WIRELESS	1	8	2021	\$ 240.70
Mailing Address ONLINE				
City HAZLETON	State PA	Zip Code (Plus 4) 18201		Description of Expenditure WIRELESS SERVICE

To Whom Paid PTC EZPASS			MO	DAY	YEAR	\$	35.00
Mailing Address ONLINE			1	19	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure TRAVEL/TOLLS				
To Whom Paid APPLE.COM			MO	DAY	YEAR	\$	10.59
Mailing Address ONLINE			1	11	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure WIRELESS SERVICE				
To Whom Paid APPLE.COM			MO	DAY	YEAR	\$	10.59
Mailing Address ONLINE			2	9	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure WIRELESS SERVICE				
To Whom Paid APPLE.COM			MO	DAY	YEAR	\$	10.59
Mailing Address ONLINE			3	9	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure WIRELESS SERVICE				
To Whom Paid APPLE.COM			MO	DAY	YEAR	\$	10.59
Mailing Address ONLINE			4	9	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure WIRELESS SERVICE				
To Whom Paid MICROSOFT.COM			MO	DAY	YEAR	\$	74.19
Mailing Address ONLINE			4	1	2021		
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure OFFICE SUPPLIES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	\$ 11,514.71



Pennsylvania Department of State
 Bureau of Campaign Finance & Civic Engagement
 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

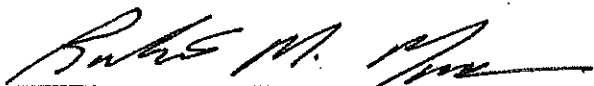
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
TOOHIL, TARA COM TO ELECT				2010027
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.


 Signature of Treasurer, Candidate, or Lobbyist

05/06/2021
 Date (DD/MM/YYYY)

ROBERT M. MOORE
 Printed Name

HAZLETON, PA
 Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

05/06/2021

Date (DD/MM/YYYY)

TARAH G. TODHIL

Printed Name

HAZLETON, PA

Location (City/State/Country)