Campaign Finance Report

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

Filer Identificat	ion 2013	C0210			Repor Filed I		CANDI	DATE	✓	co	OMMITTEI		LOBE	SYIST				
Name of Filing (Committee, Candid	ate or Lo	obbyist:		VIC ST	ABILE												
Street Address:	Street Address:																	
City:							State:				Zip Cod	e: 17	015					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5. 30 DAY ELECTION			POST- 6.			TERMINATION REPORT?		Yes	No				
report type)	ANNUAL REPORT	7.	Year 2013			FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE			
Name of Office S	L Sought by Candida	te:			!		DATE O	F ELE	СТІОГ	N	District Number	Office Code	Par	ty Code	County Code			
		_					мо	DAY	YE	AR	-1	SPR	REP		21			
JUDGE OF THE	SUPERIOR COUR	I					11		5	2013	i	(SEE INS	TRUCTIO	ONS FOR CODES)				
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY				
Expenditures	s from:		4 2	20)13 T	0	5		6	2013								
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			(18	4.73)								
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)			\$	5		3:	L2.30								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		(49)	7.03)								
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedul	e II)	\$;			0.00								
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00								
				AFF	IDAVI	T SE	CTION											
	s a Committee rep		-					• •			-							
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic m	edium,	are to	the best of	my know	/ledge a	and belie	ef , true			
Sworn to and subs	cribed before me this day of	5	20						Si	gnatur	e of Person	Submitt	ing Rep	ort				
		re				_					Print	ed Name						
My Commission E	-										Email							
	мо	D/	AY	YR		_		Ar	ea Code	1	Daytime	e Telepho	one Nu	mber				
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	Candid	late shall	sign h	ere.									
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comm	nittee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,			
Sworn to and subso	ribed before me this day of		20							s	ignature o	f Candida	te					
						_					Printeo	i Name						
My Commission Exp	Signature					_					Emai							
						_												
	МО	D	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** VIC STABILE From: <u>4/2/2013</u> **To:** <u>5/6/2013</u> 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					
				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 Candidate				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			AMOUNT					
Full Name of Contributing Committee				мо	DAY	YEAR		0.00					
Mailing Address							- \$	0.00					
City	State	Zip Cod	e (Plus 4)										
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOTAL					
						\$	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				eporting Period					
From:				n: To:					
				DATE AMOUNT				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		Zip Code	e (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 Can	Name of Filing Committee or Candidate			Reporting Period						
			From:	m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	Receipt Description									
			.					PAGE TOTAL		
Enter Grand Total of Part E on S	schedule I, Detailed	i Summary 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									
VIC STABILE	From:	<u>4/2/2013</u> To:	<u>5/6/2013</u>							
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)									
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	·							
			From:			То:						
				DATE			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR							
Mailing Address		_				7 \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:			1									
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					
				m:		То:			
					DATE	AMOUNT			
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	tion		•		
Employer Mailing Address/Principal Place of Business		lity	State	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 Can	didate		Reporting Period					
VIC STABILE			From	<u>4/2</u>	2/2013	То:	<u>5/6/2013</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
CLARION HOTEL								
Mailing Address 401 HOLIDAY DRIVE			4	20	2013	\$	148.19	
City PITTSBURGH State Zip Code (Plus 4)			Description of Expenditure					
PA 15220								
To Whom Paid			мо	DAY	YEAR			
CLARION HOTEL								
Mailing Address 401 HOLIDAY	DRIVE		4	26	2013	\$	90.02	
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15220	HOTEL					
To Whom Paid MOTEL 6			мо	DAY	YEAR			
Mailing Address 19025 PERRY	HIGHWAY		4	28	2013	\$	74.09	
City MARS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 16046								
							PAGE TOTAL	
Enter Grand Total of Expendit	ures on Page 1, Re	eport Cover Page, Item L).			\$	312.30	