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 2020	C0542			Report Filed B		CANDI	DATE	✓	CC	OMMITTEE		LOBBYIST		
	Committee, Candid	ate or Lo	obbyist:		GARRIT	-	ACY L								
Street Address:	Street Address:														
City:							State:				Zip Cod	e: 18	810		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3. X			AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2020				NG METHO						\checkmark	DISKE	TTE
Name of Office S	⊥ Sought by Candida	te:					DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code
STATE TREASU							мо	DAY	YEA	R	-1	TRE	REP		08
STATE TREASE							11		3	2020]	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY	
Expenditures	s from:		5 19	20	020 T	0	6		22	2020					
A. Amount Bro	ught Forward From	n Last R	eport			\$		(17,152	2.17)					
B. Total Monet	ary Contributions	And Rec	eipts (From	n Schee	dule I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$		(17,152	2.17)					
D. Total Expen	ditures (From Sch	edule II	1)			\$			6,66	4.46					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$		(23,816	5.63)					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	le II)	\$				0.00	_				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$		0.00							
				AFF	IDAVI	T SE	CTION								
	s a Committee rep) that this report, incl		-								-	my know	lodgo	and hali	of true
correct and compl		luung the		neuures	inea on	рареі	or by elect	i onic m	eurum, a	are to	the best of	IIIY KIIOW	leuge		er, true
Sworn to and subs	scribed before me this day of	5	20						Sig	Inatur	e of Person	Submitt	ing Rep	ort	
	Signatu	re				-					Printe	ed Name			
My Commission E	-	-				_					Email				
	мо	D	AY	YR		_		Ar	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a cano	didate's	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subscribed before me this															
						-					Printed	l Name			
My Commission Exp	Signature					-		Email							
						-									
	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** GARRITY, STACY L From: <u>5/19/2020</u> **To:** 6/22/2020 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			0:			
		·			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 Reporting Period										
			Fro	From: To				o:		
					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)							
					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				Reporting Period						
From:				m:			То:			
				DATE			AMOUNT			
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 Plac	ce of Business	City		•	State		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 Candidate			Reporting Period						
			From:	om: To:					
				D	ATE			AMOUNT	2
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	•				•				
		_						PAGE TO	TAL
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										
GARRITY,STACY L	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>								
1. 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	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					
				From:			То:	
		DATE		AMOUNT				
Full Name of Contributor				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	Name of Filing Committee or Candidate				Period				
				From:		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 City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
GARRITY,STACY L				<u>5/19</u>	<u>9/2020</u>	То:	<u>6/22/2020</u>			
				DATE AMOUNT						
To Whom Paid				DAY	YEAR					
Garrity for PA										
Mailing Address 383 Gateway Industrial Park Rd				22	2020	\$	6,500.00			
City Athens State Zip Code (Plus 4)				tion of Exp	enditure					
	PA	18810	Loan to	Campaign	Commit	tee				
To Whom Paid			мо	DAY	YEAR					
SpringHill Suites by Marriott West Mifflin	n									
Mailing Address 1000 Regis Ave			6	13	2020	\$	164.46			
City West Mifflin	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	15236	Campai	gn Travel-I	Lodging					
							PAGE TOTAL			
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	6,664.46			