Campaign Finance Report

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

Filer Identificat Number :	tion	20200	0542			Repor Filed		CAND	IDATE	~	CC	OMMITTEI		LOBE	BYIST	
Name of Filing	Committee,	Candida	ite or Lo	obbyist:		GARRI	TY,ST	ACY L								
Street Address																
City:								State:				Zip Cod	e: 18	810		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY 1ARY	POST-	3. 1	x	AMENDMENT REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA ELECTION	y pre	5.	30 D ELEC	DAY CTION	POST-	6.		TERMINATION REPORT?		Yes	No	· 🗸
report type)	ANNUAL RI	EPORT	7.	Year 2020				ING METH				PAPER		\checkmark	DISKE	TTE
Name of Office	⊥ Sought by Ca	andidat	e:					DATE	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	١	YEAR	-1	TRE	REP		08
STATE TREAS	URER							1	1	3	2020	·	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	1	YEAR	FO	R OFFIC	e use	ONLY	
Expenditure	s from:			5 19	2	020	ГО		6	22	2020					
A. Amount Brought Forward From Last Report							9	\$		(17,	152.17)					
B. Total Monetary Contributions And Receipts (From Schedule I								\$		0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$		(17,	152.17)					
D. Total Expe	nditures (Fro	m Sche	dule II	I)				\$		6	,664.46					
E. Ending Cas	h Balance (S	ubtract	Line D	From Line	C)			\$		(23,8	816.63)					
F. Value Of In	-Kind Contril	butions	Receive	ed (From S	chedu	le II)		\$	0.00							
G. Unpaid Deb	ots And Oblig	ations	(From S	chedule IV)			\$			0.00		1			
					AFF	IDAV	IT S	ECTION								
PART I - If this																
I swear (or affirn correct and comp		ort, inclu	iding the	attached sc	hedule	s filed or	n pape	r or by elec	tronic n	nediu	m, are to	the best of	my know	ledge	and beli	ef , true
Sworn to and sub	scribed before day of	me this		20							Signatur	e of Person	Submitt	ng Rep	ort	
		Signatur	•	_			_					Print	ed Name			
My Commission I		Signatur	e									Emai				
	мс)	DA	AY	YR		_		Α	rea Co	ode	Daytime	e Telepho	one Nu	mber	
Part II- If this is	s a report of	a cand	idate's	authorized	Comn	nittee, (Candi	date shal	l sign h	nere.						
I swear (or affirm No 320) as amend		est of m	y knowle	edge and beli	ef this	political	l comi	mittee has	not viola	ated a	any provis	ions of the	act of Ju	ne 3,19	937 (P.I	1333,
Sworn to and subs	cribed before i day of	me this		20							S	ignature o	f Candida	te		
												Printee	l Name			
My Commission Ex	-	nature										Emai	1			
		мо	DA	AY	YR	1			Area	a Code	e	Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/19/2020</u> To: 6/22/2020 GARRITY, STACY L 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 Commit	tee or Candidate		Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of P	art A on Schedule I, Detaile	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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, Detai	led Summary Pag	je, Se	ection 2	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 Cand	lidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd				
			From:			То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		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> То:	<u>6/22/2020</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				
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	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 Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
					From: To:					
					DATE AMOU					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	tion				
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule	II. In-Kind C	ontributions De	tailed	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
GARRITY,STACY L			From	<u>5/19</u>	<u>9/2020</u>	То:	<u>6/22/2020</u>
				DATE			AMOUNT
To Whom Paid Garrity for PA			мо	DAY	YEAR		
Mailing Address 383 Gateway Indus	trial Park Rd		6	22	2020	\$	6,500.00
City Athens	Descrip	otion of Exp	oenditure				
	РА	18810	Loan to	o Campaigr	n Commit	tee	
To Whom Paid SpringHill Suites by Marriott West Miff	in		мо	DAY	YEAR		
Mailing Address 1000 Regis Ave			6	13	2020	\$	164.46
City West Mifflin	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure		
	РА	15236	Campa	ign Travel-	Lodging		
	•						PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Repor	t Cover Page, Item I) .			\$	6,664.46