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 :	on 2020	OC0542				port ed B		CANE	OID	ATE	√	СО	MMITTEE		LOB	BYIST	•	
Name of Filing C	Committee, Candid	late or L	obbyist:		GAF	RRIT	Y,STA	CY L										
Street Address:																		
City:								State:					Zip Code	e: 18	8810			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		PC	OST-	3.		AMENDME REPORT?	NT	Yes	١	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA	AY PRE	≣-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	ľ	lo	\
report type)	ANNUAL REPORT	7.	Year 2020)				IG METI CHECK					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candida	ite:	•			'.		DATE	OF	ELEC	TION		District Number	Office Code	Pai	ty Cod	e Cou	
CTATE TREACH	DED							МО	ı	DAY	YEA	R	-1	TRE	REF)	80	
STATE TREASU	KEK							1	1		3 2	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	-	_	_	МО		DAY	YEA	R	FOF	OFFIC	CE USE	ONL	1	
			6 23	3 2	020	ı	<u>о</u>		9			2020						
	ught Forward Fro		•				\$			(2	23,816							
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			(2	23,816	.63)						
D. Total Expend	ditures (From Sch	edule II	I)				\$				2,309	9.29						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(2	26,125	.92)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II	[)	\$				(0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	V)			\$				(0.00						
				AFF	IDA	٩VI	T SE	CTION	1									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	rep	oort, c	andida	te sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached so	chedule	s file	d on	paper	or by ele	ctro	onic me	dium, a	re to t	he best of	my knov	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me thi day of	s	20						-		Sig	nature	of Person	Submitt	ting Re	oort		_
	Signati	ıre					-		-				Printe	ed Name	<u> </u>			_
My Commission Ex	cpires								-				Email					-
	мо	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comn	nitte	e, C	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	poli	tical	comm	ittee has	not	t violat	ed any p	provisi	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this day of		20						-			Si	ignature of	Candida	ate			_
			_ 20				-		-				Printed	Name				-
	Signature						-		_				Email					_
My Commission Exp							_		_				Lillall					_
	МО	D	AY	YR	1		_		-	Area (Code		Day	ytime T	elephor	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
GARRITY,STACY L	From:	<u>6/23/202</u>	<u>0</u> To:	9/14/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
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	y 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	is Part to itemize onl vith an aggregate valu								
Name of Filing Commit	tee or Candidate		Re	porting	Period				
			From: To:) :		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributing	g Committee			МО	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

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			Rep Fro					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	ne of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE		A	AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	s 4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Pla Business	ice of		City		•	State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.				PAGE TOTA	
								\$	0	.00

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	r Candidate		Report	ting Perio	od			
			From:			To:		
			I	D	ATE		АМО	DUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	,	-		•	•	•		
Enter Grand Total of Part E	on Schedule T. Detailed	l Summary Page	Section	4			PAG	E TOTAL
	on Januario 1, John Co	. January i ago,		••			\$	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 Perio	od						
GARRITY,STACY L	From:	<u>6/23/2020</u> To:	9/14/2020					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		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 Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
GARRITY,STACY L	From	6/23/2020	То:	9/14/2020	

				DATE		AMOUNT
To Whom Paid Best Western Plus Executive Inn			МО	DAY	YEAR	
Mailing Address 1002 Earth Rd			9	11	2020	\$ 103.23
City St Marys	State PA	Zip Code (Plus 4) 15857		otion of Exp ign Travel-		
To Whom Paid Wyndham Hotel York			МО	DAY	YEAR	
Mailing Address 2000 Loucks Ro	oad		8	31	2020	\$ 106.48
City York State Zip Code (Plus 4) PA 17408				otion of Exp ign Travel		
To Whom Paid Hotel Hampton Inn			МО	DAY	YEAR	
Mailing Address 3291 Market St	reet Extension		8	17	2020	\$ 122.66
City Warren	State PA	Zip Code (Plus 4) 16365		otion of Exp ign Travel-		
To Whom Paid Holiday Inn Express			МО	DAY	YEAR	
Mailing Address 651 N Susqueh	anna Trail		7	27	2020	\$ 109.00
City Selinsgrove	State PA	Zip Code (Plus 4) 17870		otion of Exp ign Travel		
To Whom Paid Comfort Inn			МО	DAY	YEAR	
Mailing Address 2845 Lebanon Rd			7	10	2020	\$ 83.92
City Manheim	eim State Zip Code (Plus 4) PA 17545			otion of Exp ign Travel-		
		I				

							PAGE 12
To Whom Paid Go Right Strategies Inc Mailing Address 2581 Calvano Dr			мо	DAY	YEAR		
			8	28	2020	\$	1,784.00
City Land O Lakes	State	Zip Code (Plus 4)	Description of Expenditure				
	FL	34639	Fundraising List				
<u> </u>							PAGE TOTAL
and Total of Expend	ditures on Page 1, Re	port Cover Page, Item D.	=			\$	2,309.29
	dress 2581 Calva	dress 2581 Calvano Dr nd O Lakes FL	dress 2581 Calvano Dr nd O Lakes State Zip Code (Plus 4) FL 34639	Strategies Inc dress 2581 Calvano Dr 8 nd O Lakes State Zip Code (Plus 4) Descrip	dress 2581 Calvano Dr 8 28 nd O Lakes State FL 34639 Description of Exp	Strategies Inc dress 2581 Calvano Dr 8 28 2020 nd O Lakes State Zip Code (Plus 4) Description of Expenditure Fundraising List	Paid Strategies Inc MO DAY YEAR 4 4 5 4 5 5 5 6 6 6 6 7 7 8 8 28 2020 \$ 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8