

# Campaign Finance Report

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

Filer Identification Number : 2020C0542				Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: GARRITY,STACY L												
Street Address:												
City:						State:			Zip Code: 18810			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020		FILING METHOD ( ) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:  STATE TREASURER						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	-1	TRE	REP	08
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	20	2020		11	23	2020				
A. Amount Brought Forward From Last Report						\$ (28,058.66)						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ (28,058.66)						
D. Total Expenditures (From Schedule III)						\$ 577.47						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ (28,636.13)						
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

**Signature of Person Submitting Report**

**Signature**

### My Commission Expires

MO DAY YR

Printed Name \_\_\_\_\_

Email

Area Code	Daytime Telephone Number
214	950-1111
214	950-1122
214	950-1133
214	950-1144
214	950-1155
214	950-1166
214	950-1177
214	950-1188
214	950-1199
214	950-1200
214	950-1211
214	950-1222
214	950-1233
214	950-1244
214	950-1255
214	950-1266
214	950-1277
214	950-1288
214	950-1299
214	950-1300
214	950-1311
214	950-1322
214	950-1333
214	950-1344
214	950-1355
214	950-1366
214	950-1377
214	950-1388
214	950-1399
214	950-1400
214	950-1411
214	950-1422
214	950-1433
214	950-1444
214	950-1455
214	950-1466
214	950-1477
214	950-1488
214	950-1499
214	950-1500
214	950-1511
214	950-1522
214	950-1533
214	950-1544
214	950-1555
214	950-1566
214	950-1577
214	950-1588
214	950-1599
214	950-1600
214	950-1611
214	950-1622
214	950-1633
214	950-1644
214	950-1655
214	950-1666
214	950-1677
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214	950-1699
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214	950-1844
214	950-1855
214	950-1866
214	950-1877
214	950-1888
214	950-1899
214	950-1900
214	950-1911
214	950-1922
214	950-1933
214	950-1944
214	950-1955
214	950-1966
214	950-1977
214	950-1988
214	950-1999
214	950-2000
214	950-2011
214	950-2022
214	950-2033
214	950-2044
214	950-2055
214	950-2066
214	950-2077
214	950-2088
214	950-2099
214	950-2100
214	950-2111
214	950-2122
214	950-2133
214	950-2144
214	950-2155
214	950-2166
214	950-2177
214	950-2188
214	950-2199
214	950-2200
214	950-2211
214	950-2222
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214	950-2244
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214	950-2311
214	950-2322
214	950-2333
214	950-2344
214	950-2355
214	950-2366
214	950-2377
214	950-2388
214	950-2399
214	950-2400
214	950-2411
214	950-2422
214	950-2433
214	950-2444
214	950-2455

**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

**Signature of Candidate**

Printed Name \_\_\_\_\_

**Signature**

### My Commission Expires

MO DAY YR

Area Code	Daytime Telephone Number
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**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
GARRITY, STACY L	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>Use this Part to itemize only contributions received from political committees</b> <b>with an aggregate value from \$50.01 to \$250.00 in the reporting period.</b>							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				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.**

<b>PAGE TOTAL</b>	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

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

<b>PAGE TOTAL</b>	
\$	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:	To:

			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 C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

<b>PAGE TOTAL</b>	
\$	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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
GARRITY,STACY L		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
GARRITY,STACY L	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Hilton Harrisburg				
<b>Mailing Address</b>	11	19	2020	\$ 208.69
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> Travel-Lodging	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Hotels.com				
<b>Mailing Address</b>	10	31	2020	\$ 102.12
<b>City</b> Dallas	<b>State</b> TX	<b>Zip Code (Plus 4)</b> 75240	<b>Description of Expenditure</b> Travel-Lodging	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Getaroom.com				
<b>Mailing Address</b>	10	30	2020	\$ 111.30
<b>City</b> Dallas	<b>State</b> TX	<b>Zip Code (Plus 4)</b> 75234	<b>Description of Expenditure</b> Travel-Lodging	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Reservations.com				
<b>Mailing Address</b>	10	31	2020	\$ 19.99
<b>City</b> Orlando	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 32801	<b>Description of Expenditure</b> Travel	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Embassy Suites by Hilton Pittsburgh				
<b>Mailing Address</b>	11	21	2020	\$ 135.37
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	<b>Description of Expenditure</b> Travel-Lodging	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b>
				\$ 577.47

