

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 : 20210104		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF STACY WALLACE										
Street Address: 248 STARDUST DRIVE										
City: JOHNSTOWN				State: PA		Zip Code: 15904				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	REP			
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	30	2021		5	3	2021		
A. Amount Brought Forward From Last Report				\$ 20,102.70						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 19,795.90						
C. Total Funds Available (Sum Of Lines A and B)				\$ 39,898.60						
D. Total Expenditures (From Schedule III)				\$ 5,585.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 34,313.60						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 20,000.00						

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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF STACY WALLACE	From: <u>3/30/2021</u> To: <u>5/3/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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)	\$ 395.90
TOTAL for the Reporting Period (2)	\$ 395.90

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,000.00
All Other Contributions (Part D)	\$ 14,400.00
TOTAL for the Reporting Period (3)	\$ 19,400.00

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

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.)	\$ 19,795.90
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 FRIENDS OF STACY WALLACE	Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
DAVID J BENCIE							
Mailing Address 200 KELLY DRIVE				4	15	2021	
City WINDBER	State PA	Zip Code (Plus 4) 15963					

Full Name of Contributor ALLISON BLEW			MO	DAY	YEAR	\$ 95.90
Mailing Address 17 BLEW FARM LANE			4	22	2021	
City WINDSOR	State PA	Zip Code (Plus 4) 17366				

Full Name of Contributor GREGORY J NEUGEBAUER				MO	DAY	YEAR	\$ 100.00
Mailing Address 345 EMERALD DRIVE				4	15	2021	
City EBENSBURG	State PA	Zip Code (Plus 4) 15931					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
W J PUDLINER						
Mailing Address 117 APRIL LANE			4	15	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 159063913				

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

PAGE TOTAL
\$ 395.90

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
FRIENDS OF STACY WALLACE	From: <u>3/30/2021</u> To: <u>5/3/2021</u>

DATE				AMOUNT
Full Name of Contributing Committee				
PA FUTURE FUND				
Mailing Address				
PO BOX 6128				
City	State	Zip Code (Plus 4)		
HARRISBURG	PA	17112		
		4	15	2021
				\$ 5,000.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 5,000.00

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 FRIENDS OF STACY WALLACE	Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>
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				DATE			AMOUNT
Full Name of Contributor JAMES VASILKO				MO	DAY	YEAR	\$ 500.00
Mailing Address 140 LUNA LANE				4	15	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904					
Employer Name JOHSNTOWN CONSTRUCTION COMPANY				Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 124 DONALD LANE			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15904	
Full Name of Contributor JONATHAN J STEFANIK				MO	DAY	YEAR	\$ 400.00
Mailing Address 173 RICHARD DRIVE				4	15	2021	
City ALIQUIPPA	State PA	Zip Code (Plus 4) 15001					
Employer Name STEFANIK'S NEXT GENERATION CONTRACTING COMPANY				Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 2267 TODD ROAD			City ALIQUIPPA		State PA	Zip Code (Plus 4) 15001	
Full Name of Contributor CAROL ANN SAVOY				MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 249				4	15	2021	
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor PETER G POLETO			MO	DAY	YEAR	\$ 700.00
Mailing Address 56 FOSTER HOLLOW			3	31	2021	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				
Employer Name			Occupation SELF EMPLOYED			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor GARY A. POBORSKY			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 483 HELSEL ROAD			4	28	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 159046815				
Employer Name GAPVAX			Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 575 CENTRAL AVENUE		City JOHNSTOWN	State PA	Zip Code (Plus 4) 15902		

Full Name of Contributor WILLIAM B MCALLISTER			MO	DAY	YEAR	\$ 500.00
Mailing Address 114 11TH STREET			4	15	2021	
City HONESDALE	State PA	Zip Code (Plus 4) 18431				
Employer Name WB MCALLISTER CPA			Occupation CPA			
Employer Mailing Address/Principal Place of Business 114 ELEVENTH STREET		City HONESDALE	State PA	Zip Code (Plus 4) 18431		

Full Name of Contributor PAOLE F MAVRIDIS			MO	DAY	YEAR	\$ 500.00
Mailing Address 240 CURTIS DRIVE			4	15	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904				
Employer Name			Occupation VOLUNTEER			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor WILLIAM HARRIS				MO	DAY	YEAR	\$ 500.00
Mailing Address 502 CHERRY LANE				4	15	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904					
Employer Name HARRIS FUNERAL HOME				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 500 CHERRY LANE			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15904	

Full Name of Contributor ROBERT BARENSFELD				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 581 CHAPEL DRIVE				4	7	2021	
City ELLWOOD CITY	State PA	Zip Code (Plus 4) 161174601					
Employer Name ELLWOOD GROUP				Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 600 COMMERCIAL AVENUE			City ELLWOOD CITY		State PA	Zip Code (Plus 4) 16117	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 14,400.00

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: To:
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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.

PAGE TOTAL
\$ 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	
FRIENDS OF STACY WALLACE		From: <u>3/30/2021</u> To: <u>5/3/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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:	To:

				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.						PAGE TOTAL	
						\$ 0.00	

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF STACY WALLACE	From <u>3/30/2021</u> To: <u>5/3/2021</u>

DATE				AMOUNT
To Whom Paid M7	MO	DAY	YEAR	
Mailing Address 295 THIRD STREET SUITE 110	4	15	2021	\$ 1,270.00
City BEAVER	State PA	Zip Code (Plus 4) 150099300	Description of Expenditure CONSULTING & MISC	
To Whom Paid M7	MO	DAY	YEAR	
Mailing Address 295 THIRD STREET SUITE 110	4	15	2021	\$ 1,000.00
City BEAVER	State PA	Zip Code (Plus 4) 150099300	Description of Expenditure CONSULTING & MISC	
To Whom Paid M7	MO	DAY	YEAR	
Mailing Address 295 THIRD STREET SUITE 110	4	15	2021	\$ 3,315.00
City BEAVER	State PA	Zip Code (Plus 4) 150099300	Description of Expenditure CONSULTING & MISC	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 5,585.00

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF STACY WALLACE				Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor CURTIS J WALLACE				MO	DAY	YEAR	
Mailing Address 5 VISTA CIRCLE				3	15	2021	\$ 20,000.00
City BRADFORD	State PA		Zip Code (Plus 4) 16701		Description of Debt LOAN TO CAMPAIGN		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 20,000.00