Campaign Finance Report

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

Filer Identificat	ion 202	10071			Repor Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
	Committee, Candi	date or L	obbyist:	I		-	FOR JUD)GE								
Street Address:	2121 SOUTH	I QUEEN	ST													
City:	YORK						State:	PA			Zip Co	de: 17	403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	,	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 DA		POST-	POST- 6.		TERMINATION REPORT?		Yes	No)	/
report type)	ANNUAL REPOR	T 7.	Year 2021	FILING METHOD () CHECK ONE							PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candid	ate:					DATE C	OF ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Count Code	y
							мо	DAY	YE	AR	19	CPJ	D/R		67	
JUDGE OF THE	COURT OF COM	MON PLE	AS				11		2	2021	 	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		9 14	2	021 T	0	10	1	18	2021						
A. Amount Bro	ught Forward Fro	om Last R	leport			\$			51,0	99.03						
B. Total Monetary Contributions And Receipts (From Schedule I)								0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 51,099.								099.03								
D. Total Expen	ditures (From Sc	hedule II	1)			\$			8,0)18.53						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$			43,0	80.50						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I\	/)		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee re	• •	-					• •			-					l
I swear (or affirm correct and compl) that this report, in ete.	cluding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium	, are to	the best o	f my knov	ledge	and beli	ef , true	э,
Sworn to and subs	scribed before me th day of	is	20						s	Gignaturo	e of Perso	n Submitt	ing Rep	ort		•
	Signat	ure				_					Prin	ted Name				-
My Commission E	xpires					_					Ema	il				-
	МО	D	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nittee, C	Candid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and bel	ief this	political	comm	ittee has r	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 1333,	
Sworn to and subso	cribed before me this day of	S	20							s	ignature (of Candida	te			•
						-					Printe	ed Name				-
My Commission Exp	Signature pires	3				_					Ema	il				-
	мо	D	AY	YR		_		Area	Code		D	aytime Te	lephon	e Numt	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
STAMBAUGH FOR JUDGE	From:	<u>9/14/2021</u>	<u>1</u> То:	<u>10/18/2021</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)	\$	0.00		
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 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

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 Candidat	Name of Filing Committee or Candidate			Reporting Period						
			Fre	From: To			Го:			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

PAGE 3

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 Candidat	e		Rep	orting P	eriod				
From:					om: 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, 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 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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address	Address							\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of City Business					State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	,				\$		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 Candidate			Report	ing Perio	bd				
			From:			То:	:		
			1	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		-				•			
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	ine 1, betanea Sann	, . ugc,	20000				\$		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		
STAMBAUGH FOR JUDGE	From:	<u>9/14/2021</u> то:	<u>10/18/2021</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 PART	ſF)		
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	g 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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City Stat Business			State		Zip Code(Plus 4) Description			ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	d				PAGE TOTAL	

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
STAMBAUGH FOR JUDGE			From	<u>9/14</u>	<u>4/2021</u>	То:	<u>10/18/2021</u>
				DATE			AMOUNT
To Whom Paid Ream Printing	мо	DAY	YEAR				
Mailing Address P.O. Box 2891			10	11	2021	\$	8,016.53
City York	State Zip Code (Plus 4) Description of Expenditure						
PA 17405				and Posta	ge		
To Whom Paid M&T Bank			мо	DAY	YEAR		
Mailing Address 2055 S. Queen Stre	et		10	5	2021	\$	2.00
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure		
	РА	17403	Bank F	ees			
							PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report	Cover Page, Item I	D .			\$	8,018.53