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 | 2021 | C0125 | | | | port | | CANI | DII | DATE | √ | СО | MMITTEE | | LOBI | BYIST | |
|--|----------------|-------------------|-----------|-----------------------|---------|--------|--------|--------|-----------------|-------|-----------|----------------|-------------|---------------------|----------------|--------------|-----------|----------------|
| Name of Filing C | committe | e, Candida | ate or Lo | obbyist: | | STA | ACY I | MARIE | WALL | AC | Œ | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | Zip Code | e: 16 | 701 | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA' PRIMARY | Y PRE | - | 2. | 30 DA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | No | ~ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDATELECTION | y pri | E- | 5. | 30 DA | | Р | OST- | 6. > | (| TERMINAT REPORT? | ΓΙΟΝ | Yes | No | |
| report type) | ANNUAL | REPORT | 7. | Year 2021 | | | | | IG MET CHECK | | | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office S | L Sought by | · Candidat | te: | | | | | | DATE | OI | F ELE(| 911 | ON | District Number | Office Code | Par | ty Code | County Code |
| | | | | _ | | | | | МО | | DAY | Υ | 'EAR | Number | CCJ | REP | | code |
| JUDGE OF THE | COMMOI | NWEALTH | COURT | | | | | | 1 | l 1 | | 2 | 2021 | | (SEE INS | TRUCTI | ONS FOR C | CODES) |
| Summary of | | s and | МО | DAY | YEAR | 2 | | | МО | | DAY | Y | /EAR | FOF | OFFIC | E USE | ONLY | |
| Expenditures | from: | | 1 | 10 19 | 2 | 021 | T | 0 | 1 | 11 | 2 | 22 | 2021 | | | | | |
| A. Amount Bro | ught Forv | ward Fron | 1 Last R | eport | | | | \$ | | | | | 0.00 | 1 | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | |
| D. Total Expend | ditures (I | From Sche | edule II | I) | | | | \$ | | | | | 0.00 | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | | 0.00 | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | | 0.00 | | , | | | |
| | | | | | AFF | ·ID/ | AVI | T SE | CTIO | V | | | | | | | | |
| PART I - If this is | s a Comm | ittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate | re | port, c | and | idate sig | jn here. | | | | |
| I swear (or affirm) correct and complete | | report, incl | uding the | attached scl | hedule | s file | ed on | paper | or by ele | ectr | onic me | ediur | n, are to t | the best of | my knov | vledge | and belie | ef , true |
| Sworn to and subs | cribed bef | ore me this | | 20 | | | | | | • | | | Signature | of Person | Submitt | ing Rep | ort | |
| | _ | Signatur | re | | | | | - - | | | | | | Printe | ed Name | | | |
| My Commission Ex | cpires | | | | | | | | | - | | | | Email | | | | |
| | | мо | D/ | AY | YR | | | | | | Are | ea Co | ode | Daytime | Teleph | one Nu | mber | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate sha | ıll s | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has | s no | ot violat | ed a | ny provis | ions of the | act of Ju | ine 3,1 | 937 (P.L. | . 1333, |
| Sworn to and subsc | | re me this | | | | | | | | | | | s | ignature of | Candida | ite | | |
| | day of — | | | | | | | _ | | | | | | Printed | Name | | | |
| | ; | Signature | | | | | | - | | - | | | | | | | | |
| My Commission Exp | ires | | | | | | | | | | | | | Email | | | | |
| | _ | МО | D/ | AY | YR | ł | | - | | | Area (| Code | 1 | Day | time Te | elephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| STACY MARIE WALLACE | From: | 10/19/202 | <u>1</u> To: | 11/22/2021 |
| 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 | J 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

| | this Part to itemize only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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 Filling Committee of Candidate | | | | Reporting Period From: To: | | | | |
|--|-------|-------------------|---|----------------------------|------|------|----|-------|
| | | | | | DATE | | Al | MOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 | lame of Filing Committee or Candidate | | | Period | | | | |
|---------------------------------------|---------------------------------------|----------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | 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.)

| lame of Filing Committee or Candidate Re | | | | | Reporting Period | | | | | |
|---|---------------------|----------------|---------|--------|------------------|------|----------|-------------|--|--|
| | | | Fron | n: | | To | То: | | | |
| | | | | D | ATE | | АМ | OUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus | 5 4) | | | | | | | |
| Employer Name | | | | Occupa | tion | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | e (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PA \$ | 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 | Candidate | | Repor | ting Perio | od | | | |
|-------------------------------|-------------------------|-----------------|---------|------------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | • | D | ATE | | А | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | | • | • | |
| Enter Grand Total of Part E o | on Schedule I. Detailed | l Summary Page | Section | 4 | | | P/ | AGE TOTAL |
| - Country of Furt 2 | Juliana 1/ Butanet | . January rage, | | •• | | | \$ | 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 Per | iod | |
|--|----------------|------------------------------|------------|
| STACY MARIE WALLACE | From: | <u>10/19/2021</u> To: | 11/22/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T 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 | | | | |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|--|
| | Fr | | | | | 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 | Name of Filing Committee or Candidate | | | | | porting | Period | | | | |
|--|---------------------------------------|--------|------------|---------|--------|-----------|-----------|------|-------|--------|--------------------|
| | | | | | | From: | | | То: | | |
| | | | | | • | | DATE | | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | | |
| Employer of Contributor | • | | | | | Occupa | ation | | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Desc | cript | ion of | f Contribution |
| Enter Grand Total of Part G on Sci Summary Page, Section 3. | nedule II, I | n-Kind | Contributi | ons De | etaile | ed | | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| Reporti | | | | | | |
|-------------------------------|------------------------|-------------------------|--------|-------------|-----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | |
| - | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | laitures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 0.00 |