# **Campaign Finance Report**

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

Filer Identificat Number :	tion 2021	C0197			Repo Filed	-		CANDI	DATE	<b>√</b>	CC	OMMITTE		LOBI	BYIST		
	Committee, Candid	ate or L	obbyist:		STAM	-		STEVE									
Street Address:																	
City:							:	State:				Zip Cod	<b>e:</b> 17	403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.		) DA' RIMA		POST-	3.		AMENDM REPORT?	ENT	Yes	No	,	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	≣- 5.		) DA` _ECT:		POST-	6.		TERMINATION Yes REPORT?			No	)	/
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021					G METHO HECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	L Sought by Candidat	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y
	E COURT OF COMM		45					мо	DAY	YE	AR	19	CPJ	D/R		67	
JODGE OF THE				11		2	2021	]	(SEE INS	TRUCTI	ONS FOR	CODES)					
	Receipts and	мо	DAY	YEAF	2			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures from: 1 1 202								3	2	29	2021						
A. Amount Bro	ought Forward From	n Last R	eport				\$				0.00						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I	)	\$ 0.00										
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Exper	nditures (From Scho	edule II	1)				\$			50,0	00.00						
E. Ending Cast	h Balance (Subtract	t Line D	From Line	C)		_	\$		(	50,00	0.00)	_					
	-Kind Contributions		•		le II)	_	\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00						_
								CTION									
	is a Committee report, incl												mv know	/ledae	and beli	ef , tru	e
correct and comp	lete.	2								,				<b>j</b> -		,	_
Sworn to and sub	scribed before me this day of	5	20							S	ignatur	e of Person	Submitti	ing Rep	oort		
	Signatu	ra	_			_						Print	ed Name				-
My Commission E	-											Emai	I				-
	мо	D	AY	YR					Are	a Cod	e	Daytime	e Telepho	one Nu	mber		-
Part II- If this is	s a report of a cand	didate's	authorized	Comm	nittee,	Can	dida	te shall	sign he	ere.							
I swear (or affirm No 320) as amend	) that to the best of n led.	ny knowle	edge and beli	ef this	politica	al co	mmit	tee has n	ot viola	ed an	y provis	ions of the	act of Ju	ine 3,1	937 (P.I	. 1333	,
Sworn to and subs	cribed before me this day of		20								S	ignature o	f Candida	te			-
												Printe	d Name				-
My Commission Ex	Signature											Emai	1				-
MO DAY YR									Area	Code		Da	ytime Te	lephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2021</u> **To:** STAMBAUGH, STEVE <u>3/29/2021</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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				Period			
			Fro	om:		То	•	
					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

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			
			Fro	m:		Тс	):	
					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 Can	didate		Reporting	) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principa Business	al Place of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
	<b>,</b>		,	-			\$	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	9		Report	ing Perio	d			
			From:			То:		
				D	ATE		AMOUNT	г
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 Scheo	lule T. Detailed Sum	mary Page	Section	4			PAGE TO	TAL
	une 1, Detanea Ban	, i uge,					\$	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,STEVE	From:	<u>1/1/2021</u> <b>To:</b>	<u>3/29/2021</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	ΓF)		
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, I		\$	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			
	Fr					То:	
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

0.00

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

Name of Filing Committee or (	ne of Filing Committee or Candidate				Rep	oorting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	l tion		<u> </u>	
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Tatal of Dart	C on Schodula II		Contribut							PAGE TOTAL

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE T

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporting Period							
STAMBAUGH,STEVE				From <u>1/1/2021</u> To: <u>3/2</u>						
				DATE AN						
To Whom Paid Stambaugh for Judge				DAY	YEAR					
Mailing Address 2121 S. Queen Stre	eet		1	8	2021	\$	50,000.00			
City <sub>York</sub>	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17403		otion of Exp						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL			
Enter Grand Total of Expenditures (	on Page 1, Report	Cover Page, Item I	J.			\$	50,000.00			

5/11/2024 1:41:15 PM