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 :	ion 2021	C0197			Repor Filed I	-	CANDI	DATE	✓	СС	OMMITTE	E	LOB	BYIST		
Name of Filing	Committee, Candida	ate or Lo	obbyist:		STAMB	AUGH	,STEVE									
Street Address:																
City:							State:				Zip Cod	Zip Code: 17403				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	V I	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D. ELEC	AY I TION	POST-	POST- 6.		TERMINATION REPORT?		Yes	٦	lo	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO CHECK O				PAPER		\checkmark	DIS	ETTE	
Name of Office	Sought by Candidat	te:					DATE O	OATE OF ELECTION				Office Code	Par	ty Cod	le Cou Cod	
			A.C.				мо	DAY	YE	AR	19	CPJ	D/F	ł	67	
JUDGE OF THE		ON PLE	45				11		2	2021		(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONL	Y	
Expenditure	s from:		3 30	2	021	0	5		3	2021						
A. Amount Bro	ought Forward Fron	n Last R	eport			\$				0.00						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule						5	0.00								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 0.00															
D. Total Exper	nditures (From Sche	edule III	[)			\$	5		75,00	00.00						
E. Ending Cash	h Balance (Subtract	Line D	From Line	C)		\$		(75,000	0.00)						
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)	\$	5			0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$	\$ 0.00									
				AFF	IDAVI	T SE	CTION									
	is a Committee repo	-	-								-		ladaa			
correct and comp	ı) that this report, incl lete.	uaing the	attached sc	nequie	s med on	paper	or by elect	ronic m	earum,	are to	the best of	ту клом	leage		iner, t	rue
Sworn to and sub	scribed before me this day of	•	20						Si	gnatur	e of Persor	Submitti	ng Rej	port		
	Signatur	re				_					Print	ed Name				-
My Commission E	-	-				_					Emai	I				
	мо	DA	AY	YR				Are	ea Code		Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comr	nittee, C	Candic	late shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of m led.	ny knowle	dge and beli	ief this	political	comn	nittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P	.L. 133	33,
Sworn to and subs	cribed before me this day of		20							s	ignature o	f Candida	te			-
						_					Printe	d Name				-
	Signature					_					E					_
My Commission Ex	pires										Emai	•				
	мо	DA	AY	YR	2	-		Area	Code		Da	ytime Te	lephor	ne Nun	ıber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>3/30/2021</u> To: STAMBAUGH, STEVE <u>5/3/2021</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	te		Re	porting	Period			
Fi			Fro	From: To:				
					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 Fror	orting P	eriod	Τα):		
					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		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/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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	od				
			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 Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		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>3/30/2021</u> To:	<u>5/3/2021</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 PAR	T F)		
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 Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	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				Reporting Period					
					Fro	From: To:				
					DATE AMO					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of Business City State			State		Zip 4)	Code(Plus	Descri	ption of	Contribution	

	I		
Enter Grand Total of Part G on Schedule II, In-	nd Contributions	Detailed	PAGE TOTAL
Summary Page, Section 3.			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporti	ng Period						
STAMBAUGH,STEVE	STAMBAUGH,STEVE				From <u>3/30/2021</u> To:					
				DATE A						
To Whom Paid Stambaugh for Judge				DAY	YEAR					
Mailing Address 2121 S. Queen Stre	eet		4	30	2021	\$	75,000.00			
City _{York}	State PA	Zip Code (Plus 4) 17403	· ·	otion of Exp		1				
Enter Grand Total of Expenditures on Dage 1. Deport Cover Dage. Item D							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	75,000.00			