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	C0197				port ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		STA	AMB/	NUGH,	STEVE										
Street Address:																			
City:									State:					Zip Code	e: 17	403			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	; -	2.	30 DA		P	OST-	3.		AMENDME REPORT?	NT	Yes	√ N	0	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pre	E-	5. X	30 DA		POST- 6. TERMINATION REPORT?			ΓΙΟΝ	Yes	N	0	\		
report type)	ANNUAL	. REPORT	7.	Year 2021					IG MET					PAPER		✓	DISK	ETTE	
Name of Office S	L Sought by	Candidat	te:						DATE	OI	F ELE	CTIC	ON District Office Party Code Number Code					Cou	
									МО		DAY	Υ	EAR	19	CPJ	D/R		67	
JUDGE OF THE	COURT	OF COMM	ON PLE	AS					-	11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FOF	R OFFIC	E USE	ONLY	,	
Expenditures	from:			9 14	2	021	Т	0		10	1	18	2021						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			•	\$	•	•		•	0.00	1					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 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	ΓSE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	andi	idate sig	jn here.					
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	nedule	s file	d on	paper	or by ele	ectr	onic me	ediun	n, are to t	the best of	my know	/ledge	and be	lief , tı	rue
Sworn to and subs	cribed befo	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	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	s no	ot violat	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_
								-						Printed	Name				-
	:	Signature						-		_									_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		•			Area	Code		Day	time Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
STAMBAUGH,STEVE	From:	9/14/202	<u>1</u> To:	10/18/2021				
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	(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 onl with an aggregate value		\$2) in the			
Name of Fining Committee of Canadate						То:		
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<u> </u>			DAGE 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 Filing Committee of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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	me of Filing Committee or Candidate Rep			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$		0.00	
City	State	State Zip Code (Plus 4)								
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ame of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Perio	d	
STAMBAUGH,STEVE	From:	<u>9/14/2021</u> To:	<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	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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					From:			То	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	•				Occupation						
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Desc	cript	ion of	f 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 Candida	ame of Filing Committee or Candidate				Reporting Period						
	From			То:							
		•		DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure								
							PAGE TOTAL				
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00				