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	C0156			Repor Filed		CANDI	DATE	✓ ['	COMMITTE	E	LOB	BYIST	
Name of Filing	Committee, Candid	late or L	obbyist:		AMIR N	1. STA	ARK							
Street Address:	1													
City:							State:			Zip Cod				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION				AY I TION	POST-	5.	TERMINA REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2021				NG METH			PAPER		\checkmark	DISKE	TTE
Name of Office	⊥ Sought by Candida	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
			46			мо	DAY	YEAR	7	CPJ	REF)		
JUDGE OF THE	E COURT OF COMM			11		2 202	21	(SEE INS	STRUCTI	ONS FOR (CODES)			
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		11 23	2	021 1	Ю	12	3	1 202	21				
A. Amount Bro	ought Forward From	m Last R	eport			\$			0.0	00				
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	\$ 0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		0.0	00				
D. Total Exper	nditures (From Sch	edule II	I)			\$	5		0.0	0				
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		\$	5		0.0	0				
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5		0.0	0				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$	5		0.0	0				
				AFF	IDAV	IT SE	CTION							
	is a Committee rep												and half	- 6 . Ann 1- 6
correct and comp		iuding the	e attached sc	neaules	s med on	paper	or by elect	ronic me	aium, are t	o the best of	пу кноч	vieuge	and bein	er, true
Sworn to and sub	scribed before me thi day of	s	20			_			Signat	ure of Persor	n Submitt	ing Rej	oort	
	Signatu	ire				_				Print	ted Name			
My Commission E	xpires					_				Emai	I			
	МО	D	AY	YR				Area	a Code	Daytim	e Teleph	one Nu	mber	
	s a report of a can) that to the best of r led.							-		visions of the	e act of Ju	ıne 3,1	937 (P.L	. 1333,
Sworn to and subscribed before me this										Signature o	of Candida	ite		
	day of 					_				Printe	d Name			
My Commission For	Signature					_				Emai				
My Commission Ex	pires					_				2				
	мо	D	AY	YR				Area C	ode	Da	aytime Te	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AMIR M. STARK From: <u>11/23/2021</u> To: 12/31/2021 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 Candidate				Reporting Period						
Fr				From: T			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.

PAGE 3

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				
From: 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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candidate			Reporting					
			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		АМ	OUNT
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 Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Reporting Period						
	From: To				:				
					ATE	AMOUNT			
Full Name				мо	DAY	YEAR			
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I			1	1	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

SE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
AMIR M. STARK	From:	<u>11/23/2021</u> то:	<u>12/31/2021</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	TF)		
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	Period			
	From:			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 Schedule II, In-Kind Contributions Detail			iled Sum	mary Pag	je,	PAG	E TOTAL
Section 2.					4	;	0.00

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description of			ption of	Contribution	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		AMOUNT					
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Exp	penditure		
Enter Grand Total of Expenditures of					PAGE TOTAL		
	n rage 1, Report C	over rage, Item L				\$	0.00