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 2011	083			Rep File			CANI	COMMITTEE V LOBBYIST									
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		VIC	STA	BILE	FOR JU	JDG	E.								
Street Address:	301 MARKET	STREET																
City:	LEMOYNE							State:	F	PA			Zip Cod	le: 17	7043-1	662		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		PC	ST-	3.		AMENDM REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣- 5	5.	30 DA		PC	OST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7. X	Year 2021						G METHOD CHECK ONE					PAPER DISE			TTE	
Name of Office S	Sought by Candida	te:						DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО		DAY	YE	AR	Number	Code			Code	
								1	.1		2	2021		(SEE IN	STRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY	YEAR	ł			МО	ı	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 23	2	021	T	0	1	L2	3	1	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scho	edule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$				8,5	71.26						
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•			
				AFF	IDA	VI	ΓSE	CTIOI	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. :	If thi	is is	a Car	ndidate	rep	ort, c	andic	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedule	s filed	i on i	paper	or by ele	ctro	nic me	dium,	are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this day of	i	20						-		S	ignature	of Perso	n Submit	ting Rep	ort		_
							- -		-				Prin	ted Name	e			-
My Commission Ex	Signatu opires	ie							_				Ema	il				-
	мо	D/	ΛΥ	YR						Are	a Cod	e	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								-			Si	ignature o	of Candid	ate			-
	day of						_		-				Printe	d Name				-
	Signature						-											_
My Commission Exp	-								_	_		_	Ema	il				
	МО	D	λΥ	YR	1		-		-	Area (Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
VIC STABILE FOR JUDGE	From:	11/23/202	<u>:1</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

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						
		F	From:		То	!			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Committ	ee or Candidate	Name of Filing Committee or Candidate			Reporting Period					
			From: To				o:			
			•			DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
Mailing Address City	State	3	Zip Code (Plus 4)				\$	0.00	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 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		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•		<u> </u>	
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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	
VIC STABILE FOR JUDGE	From:	<u>11/23/2021</u> To:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate	ame of Filing Committee or Candidate				Reporting Period					
						To:				
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	(0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	portin	ng Pe	eriod				
				Fro	m:			To:			
							DATE			АМ	IOUNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip C	ode(Plus 4)	Desc	ript	tion of Con	tribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed					PA	GE TOTAL
Summary Page, Section 3.	,										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL		
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00		