### **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			CAND	IDAT	E	СО	MMITTEE	<b>✓</b>	LOB	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		VIC :	STA	BILE	FOR JU	DGE	_						
Street Address:	301 MARKET	STREET														
City:	LEMOYNE							State:	PA			Zip Co	ode: 1	7043-1	.662	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2		30 DA PRIMA		POST	- 3.		AMEND REPOR		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣- 5	5.	30 DA		POST	- 6.		TERMIN REPOR	NATION F?	Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022					IG METH CHECK (				PAPER		<b>\</b>	DISKE	TTE
Name of Office S	Sought by Candida	te:	-		-			DATE	OF EL	ECT	ION	Distric			rty Code	County Code
	,							МО	DAY	7	YEAR	Numbe	Code			Code
								1	1	8	202	22	(SEE 1	NSTRUCTI	ONS FOR (	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	1	YEAR	F	OR OFF	ICE USE	ONLY	
Expenditures	from:	1	11 29	2	022	T	0	1	2	31	202	22				
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.0	00				
B. Total Moneta	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$				0.0	00				
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.0	00				
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.0	0				
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)			\$			8	8,571.2	6				
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II)	)	\$				0.0	0				
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.0	0		•		
				AFF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	s is	a Car	ndidate	report	, can	ndidate	sign here				
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s filed	on p	paper	or by elec	tronic	medi	um, are t	o the best	of my kn	owledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	•	20								Signat	ure of Pers	on Subm	itting Re	port	
			-				-					Pri	nted Nan	ne		
My Commission Ex	Signatu opires	re										Em	ail			
	МО	DA	AY	YR			-		-	Area	Code	Dayti	me Telej	ohone Nu	ımber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, Ca	andid	ate shal	l sign	here						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	not vic	lated	any pro	visions of t	he act of	June 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this											Signature	of Candi	date		
	day of		_ 20				-									
	Ci-matur-						-					Prin	ted Name			
My Commission Exp	Signature ires											Em	ail			
	МО	D/	AY	YR	<u> </u>		•		Are	ea Co	de		Daytime	Telephoi	ne Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
VIC STABILE FOR JUDGE	From:	11/29/202	2 <u>2</u> To:	12/31/2022
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	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	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) 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 Candidat	e	R	eporting	Period			
		F	rom:		То	I	
		'		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.

### 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.

From: To:  DATE  Full Name of Contributor  MO DAY YEAR  Mailing Address	DATE AMOUNT me of Contributor  MO DAY YEAR					_	eriod			
Full Name of Contributor  MO DAY YEAR	me of Contributor  MO DAY YEAR  \$ 0.00				Fro	m:		Te	<b>o</b> :	
MO DAY YEAR	MO DAY YEAR \$ 0.00						DATE			AMOUNT
Mailing Address		Full Name of Contributor				мо	DAY	YEAR		
Plaining Address	State Zip Code (Plus 4)	Mailing Address							\$	0.00
City State Zip Code (Plus 4)		City	State	Zip Code (Plus 4)	)					

5/9/2025 3:29:47 PM

#### **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	Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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.)

Name of Filing Committee or Candidate	2			Rep	orting Pe	riod			
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s <b>4</b> )					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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>11/29/2022</u> <b>To:</b>	12/31/2022
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			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	•			Re	porting	g Period			
				Fro	om:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occupation				
Employer Mailing Address/Principal Pla	ice of Business	Cit	ty	Stat	e Zi	Zip Code(Plus 4) Description of Contri			n of Contribution
Enter Grand Total of Part G on Sci	nedule II, In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,						0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	<b>,</b> .			\$	0.00