395524

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER:2011083		REPORT FILED ON BEHALF OF: Committee						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST VIC STABILE FOR JUDGE								
STREET ADDRESS 301 MARKET STR	ET							
CITY LEMOYNE	STATE	PA	ZIP CODE 1704	3				
TYPE OF REPORT 30-Day Post-Electi	on							
NAME OF OFFICE SOUGHT BY CANDIDATE JUDGE OF THE SUPERIOR COURT								
DISTRICT CODE PARTY CODE								
DATE OF ELECTION 11/7/2	2023							
DATES OF REPORTING PERIOD	10/24/2023	то	11/27/2023	For Office Use Only				
AMENDMENT REPORT?	IO TER	MINATION REPORT	? NO					
CASH BALANCE AT THE END OF REPO PERIOD: TOTAL AMOUNT OF FILER'S OUTSTA DEBTS OR LIABILITIES AT THE END REPORTING PERIOD:	NDING	8,591.26 0.00						
	AFFID	AVIT SECTION						
PART I - If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.								
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.								
SWORN TO AND SUBSCRIBED BEFORE ME THIS								
day of	20			SON SUBMITTING REPORT				
			SIGNATURE OF PER	SON SUDMITTING REPORT				

 SIGNATURE
 PRINTED NAME

 MY COMMISION EXPIRES
 MO.
 DAY
 YR.
 AREA CODE
 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AME		ledge ai	ND BELIEF TH	IS POLITICAL COMM	ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEF	ORE ME THIS					
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
SIGNATURE		PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

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