### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati	on	2024	C0072			Re	port		CAND	IDATE	<b>√</b>	СС	MMITTEE		LOBI	BYIST		
Number :		20240	C0072				ed E				*							
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		GAI	RRIT	Y, ST	ACY L									
Street Address:																		
City:									State:				Zip Code	e: 18	810			
TYPE OF REPORT	6TH TUES PRE-PRIM		1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	)	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					NG METH CHECK C				PAPER		✓	DISKE	TTE	
Name of Office S	Sought by	Candidat	:e:	•					DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Cour	
07475 TD540U									МО	DAY	YEA	R	-1	TRE	REP		08	
STATE TREASU	RER								1:	ı	5 :	2024		(SEE INS	TRUCTI	ONS FOR	CODES	,
Summary of		and	МО	DAY	YEAR	2			мо	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	024	Т	0	:	3	4	2024						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00						
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	1 Sche	dul	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				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	<b>'</b> )			\$				0.00						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	candida	te sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper (	or by elec	tronic m	edium, a	re to t	the best of	my know	/ledge	and beli	ef , tr	ue,
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					_
		МО	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	itical	commi	ittee has	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 133	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							-					Printed	Name				-
		Signature						-										_
My Commission Exp	oires												Email					
	_	МО	D	AY	YR	ì.		-		Area	Code		Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
GARRITY, STACY L	From:	1/1/202	<u>4</u> To:	<u>3/4/2024</u>
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 Candida	te		Reporting Period					
			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.

### 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.

Full Name of Contributor	Fr	rom:	DATE	Т	o:	
Full Name of Contributor	ı		DATE			
Full Name of Contributor						AMOUNT
		мо	DAY	YEAR		
Mailing Address				1	\$	0.00
City State Zip Co	de (Plus 4)					

#### **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		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							<b>-</b>   \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	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					orting Pe	riod				
	From:							<b>)</b> :		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	s <b>4</b> )						
Employer Name	•		Occupation							
Employer Mailing Address/Principal Pl	ace of Business		City		•	State	State Zip Code (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	ame of Filing Committee or Candidate								
			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 Commence Dance 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 Period	1	
GARRITY, STACY L	From:	<u>1/1/2024</u> <b>To:</b>	<u>3/4/2024</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 Candi	Reporting Period						
		From:		To:	То:		
				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:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period					
				To:							
						DATE			AMOUN	т	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								1	\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	oation					
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Description of Contribution			tion	
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL	
Summary Page, Section 3.										0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (	Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	<b>,</b> .			\$	0.00