Campaign Finance Report

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

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Filer Identificat Number :	ion	20190	20208			Repo Filed			CANDI	DATE	\checkmark	co	OMMITTEI	E	LOBI	BYIST		
Name of Filing (Committee, C	Candida	ite or Lo	obbyist:		JAMES	5 C. (CRU	MLISH I	II								
Street Address:																		
City:								5	State:				Zip Cod	Zip Code: 19127				
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY POST- 3. X RIMARY				AMENDMENT REPORT?		Yes	Ν	0	\checkmark	
(place X to the right of							POST-	6.		TERMINA REPORT?	TION	Yes	N	0	\checkmark			
report type)	ANNUAL RE	PORT	7.	Year 2019					G METHO HECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office S	Sought by Ca	ndidat	e:			!			DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Cou Cod	
		COMM		A.C.				1	мо	DAY	YE	AR	1	CPJ	DEN	1		
JUDGE OF THE COURT OF COMMON PLEAS									11		5	2019]	(SEE INS	TRUCTI	ONS FOR	CODES	;)
Summary of		nd	мо	DAY	YEAR	2			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			5 7	2	019	то		6		10	2019						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$		(27,26	58.00)						
B. Total Monet	ary Contribu	itions A	nd Rec	eipts (Fron	1 Sche	dule I)	\$			1,6	00.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (Fro	m Sche	dule II	[)				\$			7,7	47.00						
E. Ending Cash	n Balance (Su	ubtract	Line D	From Line	C)			\$				0.00	_					
F. Value Of In-	Kind Contrib	outions	Receive	ed (From S	chedu	le II)		\$				0.00	_					
G. Unpaid Deb	ts And Oblig	ations ((From S	chedule IV	()			\$			7,7	47.00						
					AFF	IDAV	/IT S	SEC	CTION									
PART I - If this i	s a Committe	ee repo	ort, trea	surer sign	here.	If this	is a C	Can	didate re	eport, o	andic	late si	gn here.					
I swear (or affirm correct and compl		ort, inclu	uding the	attached sc	hedule	s filed o	on pap	er o	r by elect	ronic m	edium,	are to	the best of	my know	vledge	and be	ief , tı	·ue
Sworn to and subs	scribed before day of	me this		20							s	ignatur	e of Person	Submitt	ing Rep	oort		-
		Signatur	e				_						Print	ed Name				-
My Commission E		2											Emai	I				-
	мо		D	AY	YR					Ar	ea Cod	e	Daytime	e Telepho	one Nu	mber		_
Part II- If this is	a report of	a cand	idate's	authorized	Comm	nittee,	Cand	lida	te shall	sign he	ere.							
I swear (or affirm) No 320) as amend		est of m	y knowle	dge and beli	ef this	politica	al con	nmit	tee has n	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before n day of	ne this		20								s	ignature o	f Candida	ite			-
													Printee	d Name				-
My Commission Exp	-	nature											Emai	1				_
																		_
	ľ	мо	D	AY .	YR	ł				Area	Code		Da	ytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JAMES C. CRUMLISH III From: <u>5/7/2019</u> **To:** 6/10/2019 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					
	From:								
		·		DATE			AMOUNT		
Full Name of Contributing Committee				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.

0.00

\$

PAGE 3

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 Froi	orting P m:	eriod	То):	
					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 Schedule I, Detailed Summary Page, Section 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 Candid	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led 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		АМС	DUNT
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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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			Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	•						-		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	Section				\$		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		
JAMES C. CRUMLISH III	From:	<u>5/7/2019</u> То:	<u>6/10/2019</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	Name of Filing Committee or Candidate Re						
	From:	То:					
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
					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						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	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				Reporting Period				
JAMES C. CRUMLISH III			From	<u>5/</u>	7/2019	То:	<u>6/10/2019</u>		
				DATE			AMOUNT		
To Whom Paid WILLIAMS FOR MAYOR			мо	DAY	YEAR				
Mailing Address 5939 COBBS CREEK			5	13	2019	\$	1,000.00		
City PHILA	State PA	Zip Code (Plus 4) 19143		Description of Expenditure LOAN/ADVANCE BALLOTS, GOTV					
To Whom Paid 25TH-WARD			мо	DAY	YEAR				
Mailing Address			5	14	2019	\$	1,000.00		
City PHILA State Zip Code (Plus 4) PA PA				Description of Expenditure LOAN/ADVANCE GOTV, BALLOTS					
To Whom Paid 52ND WARD, FRIENDS			мо	DAY	YEAR				
Mailing Address						\$	1,500.00		
City	State	Zip Code (Plus 4)		tion of Exp					
To Whom Paid PHILLY STRUNLY			мо	DAY	YEAR				
Mailing Address 6216 RIDGE AVE			5	21	2019	\$	0.00		
City PHILA	State PA	Zip Code (Plus 4) 19128		otion of Exp NDVANCE E			S		
To Whom Paid ILLEGIBLE			мо	DAY	YEAR				
Mailing Address 4713 SHELDON			5	21	2019	\$	600.00		
City	State	Zip Code (Plus 4)		tion of Exp					

To Whom Paid ILLEGIBLE			мо	DAY	YEAR	
Mailing Address 925 HARVEST DR			5	21	2019	\$ 1,600.00
City BLUE BELL	State PA	Zip Code (Plus 4) 19422		otion of Exp D/SQUARE		
Enter Grand Total of Expenditures of	on Page 1 Report C	over Page Item D				PAGE TOTAL
	in ruge 1, Report e	over i uge, item b.				\$ 5,700.00

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Reportin			ng Period						
JAMES C. CRUMLISH III From			From:		<u>5/7/2019</u>	То:		<u>6/10/2019</u>	
						DATE			Outstanding Balance of Debt
Name of Creditor					мо	DAY	YEAR		
JAMES C. CRUMLESH				мо	DAT	TEAR			
Mailing Address 4713 SHELDIN				5	10	2019	\$	1,000.00	
City PHILA		State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot		
		РА	19127			ADVICE, W TS, GOTV	ILLIAMS	FOR ILLEGIBLE,	
						DATE			Outstanding Balance of Debt
Name of Creditor VANES C. CRUMLIN				мо	DAY	YEAR			
Mailing Address 4713 SHELDON ST					5	14	2019	\$	1,000.00
City _{PHILA}		State	Zip Code (Pl	Description of Debt LOAN ADVICE GOTV, BALLOTS 25TH WARD				25TH WARD	
				Outstanding DATE Balance of Debt					
Name of Creditor JAMES C. ILLEGIBLE			мо	DAY	YEAR				
Mailing Address 4713 SHELDON ST			5	15	2019	\$	1,500.00		
City PHILA		State PA	Zip Code (Pl	us 4)	Description of Debt LOAN/ADVANCE 52ND WARD GOTV, BALLOTS				
						DATE			Outstanding Balance of Debt
Name of Creditor JAMES C. ILLEGIBLE			мо	DAY	YEAR				
Mailing Address 4713 SHELDON			5	15	2019	\$	1,000.00		
City PHILA		State	Zip Code (Pl	us 4)	Description of Debt				
		РА	19127		LOAN/ADVICE PHILA, UNITED GOTV, BALLOTS				

				DATE			Outstanding Balance of Debt		
Name of Creditor				DAY	VEAD				
JAMES C. ILLEGIBLE			мо	DAY	YEAR				
Mailing Address 47B SHELDON ST			5	21	2019	•	1 ,047.00		
City PHILA State Zip Code (Plus 4)			Description of Debt						
	РА		LOAN ADVANCE STRAGEHEIM BALLOTS/PRINTING						
				DATE			Outstanding Balance of Debt		
Name of Creditor JAMES C. ILLEGIBLE			мо	DAY	YEAR				
Mailing Address 4713 SHELDON			5	21	2019) e	1 ,600.00		
City PHILA	State	Zip Code (Plus 4)	Description of Debt						
	РА	19127	LOAN/ADVANCE PHILA STRONG ELECTION SUPPLIES						
Enter Grand Total of Unpaid Deb	-		-				PAGE TOTAL		