

Campaign Finance Report

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

Filer Identification Number :		2019C0208		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: JAMES C CRUMLISH III												
Street Address:												
City:						State:		Zip Code: 19127				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
JUDGE OF THE COURT OF COMMON PLEAS						MO	DAY	YEAR	1	CPJ	DEM	
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	17	2019		10	21	2019				
A. Amount Brought Forward From Last Report						\$ (35,015.00)						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ (35,015.00)						
D. Total Expenditures (From Schedule III)						\$ 779.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ (35,794.00)						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 779.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
JAMES C CRUMLISH III	From: <u>9/17/2019</u> To: <u>10/21/2019</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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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 Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: To:

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name				Occupation		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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	Reporting Period From: To:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	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>9/17/2019</u> To: <u>10/21/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
JAMES C CRUMLISH III	From <u>9/17/2019</u> To: <u>10/21/2019</u>

DATE				AMOUNT		
To Whom Paid WARD 66 A			MO	DAY	YEAR	\$ 35.00
Mailing Address			10	28	2019	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	Description of Expenditure ADVANCE/CAMPAIGN EVENT	
To Whom Paid PHILLY UNITED			MO	DAY	YEAR	\$ 100.00
Mailing Address 4653 MAGEE			9	25	2019	
City	PHILADELPHIA	State		Zip Code (Plus 4)	Description of Expenditure ADVANCE/CAMPAIGN EVENT	
To Whom Paid PHILADELPHIA REPUBLICAN CITY COMITTEE			MO	DAY	YEAR	\$ 100.00
Mailing Address 6319 FRANKFORD AVE			8	25	2019	
City	PHILADELPHIA	State		Zip Code (Plus 4)	Description of Expenditure ADVANCE/CAMPAIGN EVENT	
To Whom Paid 298 INC			MO	DAY	YEAR	\$ 60.00
Mailing Address PO BOX 37393			7	29	2019	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4) 19148	Description of Expenditure ADVANCE /501(C)3 EVENT	
To Whom Paid DEMOCRATIC CITY COMITTEE			MO	DAY	YEAR	\$ 160.00
Mailing Address 219 SPRING GARDEN			7	5	2019	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	Description of Expenditure ADVANCE/DEMOCRATIC SUMMER EVENT	

To Whom Paid DEMOCRATIC CITY COMMITTEE			MO	DAY	YEAR	
Mailing Address 219 SPRING GARDEN			10	21	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure ADVANCE/CAMPAIGN FALL EVENT			

To Whom Paid MERCHAINOS BAKERY			MO	DAY	YEAR	
Mailing Address UMBRIA			10	22	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure ADVANCE /21ST WARD CAMPAIN EVENT			

To Whom Paid BILLY MYRPHY'S IRISH SALOON			MO	DAY	YEAR	
Mailing Address 333 CONRAD STREET			10	25	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure ADVANCE/ CAMPAIGN EVENT DINNER			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 830.00

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				Reporting Period			
JAMES C CRUMLISH III				From: <u>9/17/2019</u> To: <u>10/21/2019</u>			

DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$
JAMES C CRUMLISH III							
Mailing Address				10	28	2019	35.00
City		State	Zip Code (Plus 4)		Description of Debt		
PHILADELPHIA		PA	19127		ADVANCE /WARD 66 EVENT		

DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$
JAMES C CRUMLISH III							
Mailing Address				9	25	2019	100.00
City		State	Zip Code (Plus 4)		Description of Debt		
PHILADELPHIA		PA	19127		ADVANCE/ PHILLY UNITED		

DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$
JAMES C CRUMLISH III							
Mailing Address				8	25	2019	100.00
City		State	Zip Code (Plus 4)		Description of Debt		
PHILADELPHIA		PA	19127		ADVANCE /PRCC EVENT		

DATE							Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$
JAMES C CRUMLISH III							
Mailing Address				7	29	2019	60.00
City		State	Zip Code (Plus 4)		Description of Debt		
PHILADELPHIA		PA	19127		ADVANCE/298 INC EVENT		

				DATE			Outstanding Balance of Debt
Name of Creditor JAMES C CRUMLISH III				MO	DAY	YEAR	\$ 160.00
Mailing Address 4713 SHELDON				7	5	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19127	Description of Debt ADVANCE /SUMMER DCC EVENT				
				DATE			Outstanding Balance of Debt
Name of Creditor JAMES C CRUMLISH III				MO	DAY	YEAR	\$ 150.00
Mailing Address 4713 SHELDON							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19127	Description of Debt ADVANCE/FALL DCCC EVENT				
				DATE			Outstanding Balance of Debt
Name of Creditor JAMES C CRUMLISH III				MO	DAY	YEAR	\$ 65.00
Mailing Address 4713 SHELDON ST				10	22	2019	
City PHILA	State PA	Zip Code (Plus 4) 19127	Description of Debt ADVANCE / MARCHINOS - 21ST WARD & EVENT				
				DATE			Outstanding Balance of Debt
Name of Creditor JAMES C CRUMLISH III				MO	DAY	YEAR	\$ 110.00
Mailing Address 4713 SHELDON ST				10	25	2019	
City PHILA	State PA	Zip Code (Plus 4) 19127	Description of Debt ADVANCE/CAMPAIGN DINNER				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 780.00