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	20190	C0208				port ed B		CANE	DIDATE	•	✓ Co	OMMITTEI		LOBI	BYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		JAM	1ES (C CRU	MLISH	III							
Street Address:																	
City:									State:				Zip Cod	e: 19	127		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST-	. 3	3.	AMENDMI REPORT?	ENT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA		POST-	6	·.	TERMINATION REPORT?		Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2019					IG MET				PAPER		₩	DISKE.	TTE
Name of Office S	ought by	/ Candidat	 :e:						DATE	OF EL	EC	TION	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	,	YEAR	1	CPJ	DEN	1	code
JUDGE OF THE	COURT	OF COMM	ON PLE	AS					1	1	5	2019		(SEE IN:	STRUCTI	ONS FOR C	ODES)
Summary of		s and	МО	DAY	YEAR	ł			МО	DAY	7	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	from:		1	11 26	2	019	Т	0	1	.2	31	2019					
A. Amount Bro	ught For	ward From	ı Last R	eport				\$			(3	8,381.00)					
B. Total Moneta	ary Contr	ributions A	Ind Rec	eipts (From	Sche	dule	e I)	\$				9,000.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$			(3	8,381.00)					
D. Total Expend	ditures (I	From Sche	dule 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 Se	chedu	le II	I)	\$				0.00	_				
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$			(2	7,381.00)			'		
					AFF	IDA	AVI	T SE	CTIO	١							
PART I - If this is		-	-	_						-			_				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by ele	ctronic	med	lium, are to	the best of	my knov	wledge	and belie	ef , true
Sworn to and subs	cribed bef day of	ore me this		20								Signatur	e of Person	Submit	ting Rep	ort	
	_	Signatur	re					- -					Print	ed Name			
My Commission Ex	cpires							_					Email				
		МО	D/	AY	YR						Area	Code	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	ll sign	her	e.					
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee has	not vio	late	d any provis	sions of the	act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed befo day of	re me this		20								S	Signature of	Candida	ate		
								-					Printed	l Name			
		Signature						-									[
My Commission Exp	ires												Email				
	_	МО	D/	AY	YR	ł		•		Are	a Co	ode	Da	ytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JAMES C CRUMLISH III	From:	11/26/201	<u>9</u> To:	12/31/2019
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)	\$	9,000.00
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			\$	9,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

0.00

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 of Candidate					Reporting Period From: To:				
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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.)

ame of Filing Committee or Candidate			Rep	orting Pe	eriod					
				From:				То:		
			_		D	ATE		А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name	•				Occupa	tion	•	•		
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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	Reporting Pe	eriod	
JAMES C CRUMLISH III	From:	11/26/2019 To:	12/31/2019

			D	ATE		AMOUNT
Full Name CRUMLISH 19			МО	DAY	YEAR	
Mailing Address 925 HARVEST DRIV	/E State	Zip Code (Plus 4)	12	12	2019	\$ 9,000.00
	PA	19422				
Receipt Description LOAN REPAYM	ENT					

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

PAGE TOTAL \$ 9,000.00

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	
JAMES C CRUMLISH III	From:	<u>11/26/2019</u> To:	12/31/2019
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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition		•		
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL		
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00		