# **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 :	i <b>on</b> 2021	.C0096			Repor Filed	-	CANDI	DATE	$\checkmark$	CC	OMMITTEI		LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		DREW	-	IPTON								
Street Address:	Street Address:														
City:							State:		Zip Cod	<b>Zip Code:</b> 17050					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST- 3.		AMENDMENT REPORT?		Yes	Nc	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA ELECTION	5.	30 D/ ELEC		POST-	POST- 6.			TION	Yes	Nc	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				NG METH				PAPER		$\checkmark$	DISKE	TTE
Name of Office Sought by Candidate:							DATE O	)F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
			мо	DAY	YEA	R	-1	CCJ	REP						
JUDGE OF THE COMMONWEALTH COURT							11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE/	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		6 8	2	021	ГО	9		13	2021					
A. Amount Bro	ught Forward Froi	m Last Ro	eport			\$				0.00					
B. Total Monet	ary Contributions	And Reco	eipts (Fron	1 Sche	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (From Sch	edule II	[)			\$	5			0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5			0.00					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		\$	5			0.00					
				AFF	IDAV	IT SE	CTION								
	s a Committee rep		-								-				
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	attached sc	hedules	s filed or	n paper	or by elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	S	20						Sig	gnatur	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_					Print	ed Name			
My Commission E	xpires					_					Email				
	мо	DA	AY	YR				Ar	ea Code		Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee, (	Candid	late shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of r ed.	ny knowle	dge and beli	ef this	politica	l comm	nittee has n	iot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							s	ignature o	f Candida	te		
Printed Name															
My Commission Exp	Signature					_					Emai	<u> </u>			
riy commission Exp						_									
	МО	DA	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DREW CROMPTON From: <u>6/8/2021</u> **To:** <u>9/13/2021</u> 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.)

PAGE 3

# 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.

em:	DATE	То	:	
	DATE			
				AMOUNT
мо	DAY	YEAR		
			\$	0.00
			Г	PAGE TOTAL
M	10	10 DAY	10 DAY YEAR	

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

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 Candidat	e			orting P	eriod	_			
From: To:									
					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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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		AMO	UNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	o Code (Plus 4)					
Employer Name	·			Occupa	tion			
Employer Mailing Address/Prin Business	cipal Place of		City		State		Zip Code (	(Plus 4)
Enter Grand Total of Part C	on Schedule I, Detail	ed Sumn	nary Page, Secti	on 3.			PAG	E TOTAL
	- ,		, 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4	\$	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	Name of Filing Committee or Candidate			ing Perio	od				
Fr					From: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	<b>FAL</b>
		iaiy raye,	Section	7.			\$		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		
DREW CROMPTON	From:	<u>6/8/2021</u> то:	<u>9/13/2021</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, 3		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting 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 Schedule II, In-Kind Contributions Detail Section 2.			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				Reporting Period						
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, I	n-Kind Contribu	tions Detaile	d	PAGE TOTAL
Summary Page, Section 3.				0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
	DATE AM						
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	<b>`</b>				PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00