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 202	1C0116				Repoi		(CANDI	DATE	*	C	OMMITTEI		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyis	t:		DAVID	LEE S	SPUI	RGEO	N								
Street Address:																		
City:								Sta	ate:				Zip Cod	e: 15	5131			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA		/ PRE-	2.	30 D PRIM	OAY MARY		POST- 3.		AMENDMI REPORT?	AMENDMENT REPORT?		N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F		/ PRE-	- 5.	30 D	OAY CTIOI		POST- 6. X			TERMINA REPORT?	TION	Yes	N	0	/
report type)	ANNUAL REPOR	Г 7.	Year	2021				ING METHOD I) CHECK ONE					PAPER		V	DISK	ETTE	
Name of Office S	ought by Candid	ate:	•			•		D	ATE O	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Cod	Code	
JUDGE OF THE	COMMONWEALT	.n conb.	-					MC)	DAY		YEAR		CCJ	DEI	М		
JUDGE OF THE COMMONWEALTH COURT									11		2	2021		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditures	•	МО	DA		YEAR			М)	DAY		YEAR	FOI	R OFFI	CE USE	ONLY	,	
			10	19	20	21	ΤO		11		22	2021						
	ught Forward Fro		•					\$				0.00	4					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sched	lule I)	- 5	\$				0.00	'					
C. Total Funds	Available (Sum (f Lines A	and B	5)				\$				0.00						
D. Total Expend	ditures (From Sc	nedule II	I)					\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line (c)			\$		(20,	000.00)	_					
F. Value Of In-	Kind Contribution	ıs Receiv	ed (Fr	om Sc	hedule	e II)		\$				0.00	_					
G. Unpaid Debt	s And Obligation	s (From S	Schedu	ile IV)		9	\$				0.00			,			
					AFFI	DAV	IT SI	ECT	ION									
PART I - If this is	a Committee re	port, trea	surer	sign h	nere. If	f this i	s a Ca	andio	late re	eport, e	can	didate si	gn here.					
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	attach	ed sch	edules	filed or	ı papeı	r or b	y elect	ronic m	ediu	ım, are to	the best of	my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	oort		
	Signat	ure					_						Print	ed Name	e			-
My Commission Ex	_												Email					_
	мо	D.	AY		YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	autho	rized	Commi	ittee,	Candi	date	shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge an	d belie	ef this p	politica	l comr	mitte	e has n	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P.	L. 133	3,
Sworn to and subsc		5											Signature of	Candid	ate			-
	day of		_ 20 _				_						Printed	l Name				-
My Commission Exp	Signature	1					_						Email					_
my commission exp							_											_
	МО	D	AY		YR					Area	Cod	e	Da	ytime T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DAVID LEE SPURGEON	From:	10/19/202	<u>1</u> To:	11/22/2021
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 ar 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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					ng 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.)

Name of Filing Committee or Candidate					Reporting Period						
					То	То:					
			D/	ATE		АМ	OUNT				
			МО	DAY	YEAR						
						\$	0.00				
State	Zip Code (Plus	s 4)									
			Occupat	ion							
e of	City			State		Zip Code	(Plus 4)				
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00				
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code				

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	Reporting Period					
			From:			To:				
				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 Schedule I. Detailed	d Summary Page	Section	4			F	PAGE TOTAL		
	Journal 1, Betailet	a sammary rage,		••			\$	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 Per	od	
DAVID LEE SPURGEON	From:	<u>10/19/2021</u> To:	11/22/2021
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 Candid	ame of Filing Committee or Candidate						
	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	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				
					From:			То	То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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