

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 :		2003296		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO												
Street Address:												
City: TANNERSVILLE						State: PA			Zip Code: 18372			
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.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2014	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
						MO	DAY	YEAR				
						11	4	2014				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	21	2014		11	24	2014				
A. Amount Brought Forward From Last Report						\$ 90,559.12						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,100.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 92,659.12						
D. Total Expenditures (From Schedule III)						\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 92,659.12						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 162.40						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO	From: <u>10/21/2014</u> To: <u>11/24/2014</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)	\$ 600.00
TOTAL for the Reporting Period (2)	\$ 600.00

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)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 2,100.00
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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:

DATE				AMOUNT
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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 EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO				Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u>			
				DATE		AMOUNT	

Full Name of Contributor MARK HEMPHILL			MO	DAY	YEAR	\$ 55.00
Mailing Address			11	12	2014	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18020				

Full Name of Contributor DAVID GREEN			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	6	2014	
City ELVERSON	State PA	Zip Code (Plus 4) 19520				

Full Name of Contributor DAVID & LISA COLVER			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	12	2014	
City PALMER	State PA	Zip Code (Plus 4) 18045				

Full Name of Contributor THOMAS & AMY AMENT			MO	DAY	YEAR	\$ 120.00
Mailing Address			11	12	2014	
City NAZARETH	State PA	Zip Code (Plus 4) 18064				

Full Name of Contributor RICHARD WEAVER			MO	DAY	YEAR	\$ 50.00
Mailing Address			11	12	2014	
City NAZARETH	State PA	Zip Code (Plus 4) 18064				

Full Name of Contributor RICHARD WEAVER			MO	DAY	YEAR	\$ 75.00
Mailing Address			11	12	2014	
City NAZARETH	State PA	Zip Code (Plus 4) 18064				

Full Name of Contributor CHRIS & SANDRA CADE			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	12	2014	
City EASTON	State PA	Zip Code (Plus 4) 18040				

PAGE TOTAL

\$ 600.00

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

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 EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO	Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u>
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				DATE			AMOUNT			
Full Name of Contributor CHARLES CHRIN				MO	DAY	YEAR	\$ 1,000.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City EASTON</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 18045</td> </tr> </table>				City EASTON	State PA	Zip Code (Plus 4) 18045		11	12	2014
City EASTON	State PA	Zip Code (Plus 4) 18045								
Employer Name CHARLES CHRIN CO.				Occupation OWNER						
Employer Mailing Address/Principal Place of Business				City EASTON		State PA	Zip Code (Plus 4) 18045			
Full Name of Contributor BRUCE & SHARON FOX				MO	DAY	YEAR	\$ 500.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City BANGOR</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 18013</td> </tr> </table>				City BANGOR	State PA	Zip Code (Plus 4) 18013		11	12	2014
City BANGOR	State PA	Zip Code (Plus 4) 18013								
Employer Name ALLSTATE SEPTIC				Occupation OWNER						
Employer Mailing Address/Principal Place of Business				City BANGOR		State PA	Zip Code (Plus 4) 18013			

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

PAGE TOTAL
\$ 1,500.00

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:

				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	
EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO		From: <u>10/21/2014</u> To: <u>11/24/2014</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)		\$	162.40
3. IN-KIND CONTRIBUTION RECEIVED - 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.)		\$	162.40

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

Name of Filing Committee or Candidate EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO	Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
HRCC						\$ 162.40
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	11	5	2014	
Description of Contribution: DATA LISTS & POSTCARDS						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 162.40

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				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
	From: _____ To: _____

			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

