### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2003                         | 296         |                        |         |          | port<br>ed B |         | CANDI       | DATE     |        | СОМ        | 4ITTEE             | ✓              | LOBE     | SYIST     |               |          |
|--|---------------------------------|-------------|------------------------|---------|----------|--------------|---------|-------------|----------|--------|------------|--------------------|----------------|----------|-----------|---------------|----------|
| Name of Filing C                         | Committee, Candid               | ate or L    | obbyist:               |         | EMI      | RICK         | , JOE   | COMMIT      | TEE TO   | ) ELE  | CT C/C     | TRES.              | JOANN          | CARDE    | LLO       |               | _        |
| Street Address:                          |                                 |             |                        |         |          |              |         |             |          |        |            |                    |                |          |           |               |          |
| City:                                    | TANNERSVILL                     | E           |                        |         |          |              |         | State:      | PA       |        |            | Zip Cod            | <b>le:</b> 18  | 3372     |           |               |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY<br>PRIMARY  | Y PRE   | -        | 2.           | 30 DA   |             | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No        | `             |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | Y PRE   | ≣-       | 5.           | 30 DA   |             | POST-    | 6.     |            | TERMINA<br>REPORT  |                | Yes      | No        | `             |          |
| report type)                             | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2015       |         |          |              |         | NG METHO    |          |        |            | PAPER              |                | <b>/</b> | DISKE     | TTE           |          |
| Name of Office S                         | Sought by Candida               | te:         |                        |         |          |              |         | DATE O      | F ELE    | СТІО   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | Count<br>Code | y        |
|  | -                               |             |                        |         |          |              |         | МО          | DAY      | YE     | AR         |                    |                | REP      |           |               |          |
|  |                                 |             |                        |         |          |              |         | 11          |          | 3      | 2015       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)         |          |
|  | Receipts and                    | МО          | DAY                    | YEAR    | ₹        |              |         | МО          | DAY      | YE     | EAR        | FO                 | R OFFI         | CE USE   | ONLY      |               |          |
| Expenditures                             | from:                           |             | 11 24                  | 2       | 015      | <b>T</b>     | 0       | 12          |          | 31     | 2015       |                    |                |          |           |               |          |
| A. Amount Bro                            | ught Forward Froi               | m Last R    | eport                  |         |          |              | \$      | _           |          | 92,4   | 181.93     |                    |                |          |           |               |          |
| B. Total Moneta                          | ary Contributions               | And Rec     | eipts (From            | Sche    | dule     | e I)         | \$      |             |          | 37,7   | 709.50     |                    |                |          |           |               |          |
| C. Total Funds                           | Available (Sum Of               | f Lines A   | and B)                 |         |          |              | \$      |             |          | 130,1  | 191.43     |                    |                |          |           |               |          |
| D. Total Expend                          | ditures (From Sch               | edule II    | I)                     |         |          |              | \$      |             |          | 5,8    | 880.49     |                    |                |          |           |               |          |
| E. Ending Cash                           | Balance (Subtrac                | t Line D    | From Line (            | C)      |          |              | \$      |             | -        | 124,3  | 10.94      |                    |                |          |           |               |          |
| F. Value Of In-                          | Kind Contribution               | s Receiv    | ed (From So            | hedu    | le I     | Ί)           | \$      |             |          | 9      | 50.00      |                    |                |          |           |               |          |
| G. Unpaid Debt                           | s And Obligations               | (From S     | Schedule IV            | )       |          |              | \$      |             |          |        | 0.00       |                    |                |          |           |               |          |
|  |                                 |             |                        | AFF     | ID       | AVI          | ΓSE     | CTION       |          |        |            |                    |                |          |           |               |          |
| PART I - If this is                      | s a Committee rep               | ort, trea   | surer sign l           | nere. I | If th    | his is       | a Car   | ndidate re  | eport, o | candi  | date sig   | ın here.           |                |          |           |               |          |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | luding the  | e attached sch         | nedules | s file   | ed on        | paper ( | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno       | wledge a | and belie | ef , tru      | e,       |
| Sworn to and subs                        | cribed before me this<br>day of | 5           | 20                     |         |          |              |         |             |          | S      | Signature  | of Perso           | n Submit       | ting Rep | ort       |               | •        |
|  | Signatu                         | ıre         |                        |         |          |              | -       |             |          |        |            | Prin               | ted Name       | •        |           |               | -        |
| My Commission Ex                         | pires                           |             |                        |         |          |              | _       |             |          |        |            | Ema                | il             |          |           |               | -        |
|  | МО                              | D           | AY                     | YR      |          |              |         |             | Are      | ea Cod | le         | Daytim             | e Teleph       | one Nu   | mber      |               | <u>_</u> |
| Part II- If this is                      | a report of a can               | didate's    | authorized             | Comn    | nitte    | ee, C        | andid   | ate shall   | sign he  | ere.   |            |                    |                |          |           |               |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of red.        | ny knowle   | edge and beli          | ef this | poli     | itical       | comm    | ittee has n | ot viola | ted an | y provis   | ions of th         | e act of J     | une 3,19 | 937 (P.L. | 1333,         | ٠        |
| Sworn to and subsc                       | ribed before me this<br>day of  |             | 20                     |         |          |              |         |             |          |        | s          | ignature o         | of Candid      | ate      |           |               | -        |
|  |                                 |             |                        |         |          |              | -       |             |          |        |            | Printe             | d Name         |          |           |               | -        |
| My Commission Exp                        | Signature<br>ires               |             |                        |         |          |              | -       |             |          |        |            | Ema                | il             |          |           |               | -        |
|  | МО                              | D.          | AY                     | YR      | <u> </u> |              | -       |             | Area     | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er            |          |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| · -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO  | From:     | 11/24/201 | <u>5</u> To: | 12/31/2015 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$           | 1,039.50   |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |              |            |
| Contributions Received From Political Committees (Part A)  |           |           | \$           | 750.00     |
| All Other Contributions (Part B)   |           |           | \$           | 4,110.00   |
| TOTAL for the Reporting  | Period    | (2)       | \$           | 4,860.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |              |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$           | 11,600.00  |
| All Other Contributions (Part D)   |           |           | \$           | 20,210.00  |
| TOTAL for the Reporting  | Period    | (3)       | \$           | 31,810.00  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | J Period  | (4)       | \$           | 0.00       |
|  |           |           |              |            |
| 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 |           |           | \$           | 37,709.50  |

#### **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.

| Nam                      | e of Filing Committee or Candida   | te                |                                    | Reporting | Period  |                |                  |
|--------------------------|--|-------------------|------------------------------------|-----------|---------|----------------|------------------|
| EMR                      | ICK, JOE COMMITTEE TO ELECT  | C/O TRES. JOANN C | ARDELLO                            | From:     | 11/24/2 | ) <u>15</u> To | : 12/31/2015     |
|                          |  |                   | <u> </u>                           |           | DATE    |                | AMOUNT           |
|                          | ame of Contributing Committee  |                   |                                    | МО        | DAY     | YEAR           |                  |
| Mailing<br>City          | g Address<br>HARRISBURG  | State<br>PA       | Zip Code (Plus 4)                  | )         | 6       | 2015           | <b>\$</b> 250.00 |
|                          |  |                   |                                    |           |         |                |                  |
| VERIZ                    | ame of Contributing Committee<br>CON COMM INC GOOD GOV. C                  | LUB PA            |                                    | мо        | DAY     | YEAR           |                  |
| VERIZ                    | <u>-</u>   | LUB PA  State PA  | <b>Zip Code (Plus 4</b> )<br>17101 |           |         |                | <b>\$</b> 250.00 |
| VERIZ<br>Mailing<br>City | ON COMM INC GOOD GOV. C g Address HARRISBURG ame of Contributing Committee | State             | ' ' '                              |           |         |                | <b>\$</b> 250.00 |

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

**PAGE TOTAL** 750.00

### 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)

| Nan                                       | me of Filing Committee or Candid  | ate               |                               | Rep | orting P | eriod  |                 |    |            |
|---|---|-------------------|-------------------------------|-----|----------|--------|-----------------|----|------------|
| EMI                                       | RICK, JOE COMMITTEE TO ELEC   | T C/O TRES. JOANN | CARDELLO                      | Fro | m:       | 11/24/ | 2015 <b>T</b> o | ): | 12/31/2015 |
|   |   |                   |                               |     |          | DATE   |                 |    | AMOUNT     |
| Full N                                    | lame of Contributor   |                   |                               |     | мо       | DAY    | YEAR            |    |            |
| MR. 8                                     | kamp; MRS. DAVID COLER  |                   |                               |     | 1-10     | DAI    | ILAK            |    |            |
| Mailin                                    | ng Address  |                   | _                             |     |          |        |                 | \$ | 100.00     |
| City                                      | EASTON  | State             | Zip Code (Plus 4              | )   | 6        | 5      | 2015            |    |            |
|   |   | PA                | 18045                         |     |          |        |                 |    |            |
| Full N                                    | lame of Contributor   |                   |                               |     |          |        |                 |    |            |
| MR. 8                                     | kamp; MRS. BUCKMAN  |                   |                               |     | МО       | DAY    | YEAR            |    |            |
| Mailin                                    | ng Address  |                   |                               |     |          |        |                 | \$ | 250.00     |
| City                                      | FT. LAUDERDALE  | State             | Zip Code (Plus 4              | )   | 5        | 5      | 2015            |    |            |
|   |   | FL                | 33305                         |     |          |        |                 |    |            |
| Full N                                    | lame of Contributor   | •                 | •                             |     |          |        |                 |    |            |
| LIND/                                     | A PAGLIARO  |                   |                               |     | МО       | DAY    | YEAR            |    |            |
| Mailin                                    | ng Address  |                   |                               |     |          |        |                 | \$ | 160.00     |
| City                                      | NAZARETH  | State             | Zip Code (Plus 4              | )   | 6        | 13     | 2015            |    |            |
|   |   | PA                | 18064                         |     |          |        |                 |    |            |
| Full N                                    | lame of Contributor   |                   |                               |     | мо       | DAY    | YEAR            |    |            |
| MR. 8                                     | kamp; MRS. PHILIP NOTE  |                   |                               |     | МО       | DAT    | TEAR            |    |            |
| Mailin                                    | ng Address  |                   |                               |     |          |        |                 | \$ | 250.00     |
| City                                      | EASTON  | State             | Zip Code (Plus 4              | )   | 6        | 9      | 2015            |    |            |
|   |   | PA                | 18045                         |     |          |        |                 |    |            |
| Full N                                    | lame of Contributor   |                   |                               |     | МО       | DAY    | YEAR            |    |            |
| MR. 8                                     | kamp; MRS. JOHN BROWN   |                   |                               |     | МО       | DAT    | TEAR            |    |            |
| Mailin                                    | ng Address  | _                 | _                             |     |          |        |                 | \$ | 100.00     |
| City                                      | NAZARETH  | State             | Zip Code (Plus 4              | )   | 6        | 12     | 2015            |    |            |
|   |   | PA                | 18064                         |     |          |        |                 |    |            |
| Full N                                    | lame of Contributor   |                   |                               |     | МО       | DAY    | YEAR            |    |            |
|   |   |                   |                               |     | 1 140    | DAI    | IEAR            |    |            |
|   | HEN & CHRISTAL BUSSENC  | GER               |                               |     |          |        |                 |    |            |
| STEP                                      |   | GER               |                               |     |          |        |                 | \$ | 175.00     |
| STEP                                      | HEN & CHRISTAL BUSSENC  | GER<br>State      | Zip Code (Plus 4              | )   | 7        | 10     | 2015            | \$ | 175.00     |
| STEP!<br>Mailin                           | HEN & CHRISTAL BUSSENG  | 1                 | <b>Zip Code (Plus 4</b> 18013 | )   |          | 10     | 2015            | \$ | 175.00     |
| STEPH<br>Mailin<br>City                   | HEN & CHRISTAL BUSSENG  | State             |                               | )   | 7        |        |                 | \$ | 175.00     |
| STEPH<br>Mailin<br>City                   | HEN & CHRISTAL BUSSENC<br>ng Address<br>BANGOR                                  | State             |                               | )   |          | 10 DAY | 2015<br>YEAR    | \$ | 175.00     |
| STEPH<br>Mailin<br>City<br>Full N<br>PAUL | HEN & CHRISTAL BUSSENC<br>ng Address<br>BANGOR<br>lame of Contributor           | State             |                               | )   | 7        |        |                 | \$ | 175.00     |
| STEPH<br>Mailin<br>City<br>Full N<br>PAUL | HEN & CHRISTAL BUSSENC<br>ng Address<br>BANGOR<br>lame of Contributor<br>FARNAN | State             |                               |     | 7        |        |                 |    |            |

|         |                           |       |                   |    |      |       | 17102 3          |
|---------|---------------------------|-------|-------------------|----|------|-------|------------------|
| Full Na | ame of Contributor        |       |                   | МО | DAY  | YEAR  |                  |
| MICHA   | AEL SMITH                 |       |                   | MO | DAT  | ILAK  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | \$ 100.00        |
| City    | PEN ARGYL                 | State | Zip Code (Plus 4) | 9  | 14   | 2015  |                  |
|         |                           | PA    | 18072             |    |      |       |                  |
| Full Na | ame of Contributor        | •     | <u> </u>          | МО | DAY  | VEAD  |                  |
| MR. &   | amp; MRS. NICHOLAS THEODO | RON   |                   | МО | DAY  | YEAR  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | \$ 100.00        |
| City    | EASTON                    | State | Zip Code (Plus 4) | 9  | 28   | 2015  |                  |
|         |                           | PA    | 18045             |    |      |       |                  |
| Full Na | ame of Contributor        |       |                   |    |      |       |                  |
| MR. &   | amp; MRS. NICHOLAS THEODO | RON   |                   | МО | DAY  | YEAR  |                  |
|         | g Address                 |       |                   |    |      |       | <b>\$</b> 50.00  |
| City    | EASTON                    | State | Zip Code (Plus 4) | 5  | 30   | 2015  |                  |
|         |                           | PA    | 18045             |    |      |       |                  |
| Full Na | ame of Contributor        | ·     | •                 |    |      |       |                  |
| JOHN    | WALSON                    |       |                   | МО | DAY  | YEAR  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | <b>\$</b> 150.00 |
| City    | BETHLEHEM                 | State | Zip Code (Plus 4) | 9  | 24   | 2015  |                  |
|         |                           | PA    | 18017             |    |      |       |                  |
| Full Na | ame of Contributor        |       |                   | МО | DAY  | YEAR  |                  |
| MR &a   | amp; MRS FRANK COMMUNALE  |       |                   | МО | DAT  | TEAR  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | \$ 200.00        |
| City    | BANGOR                    | State | Zip Code (Plus 4) | 9  | 21   | 2015  |                  |
|         |                           | PA    | 18013             |    |      |       |                  |
| Full Na | ame of Contributor        |       |                   | МО | DAY  | YEAR  |                  |
| MARY    | DIGGS                     |       |                   |    | 57(1 | 12/11 |                  |
| Mailin  | g Address                 | _     |                   | 1  |      |       | <b>\$</b> 100.00 |
| City    | BETHLEHEM                 | State | Zip Code (Plus 4) | 10 | 8    | 2015  |                  |
|         |                           | PA    | 18017             |    |      |       |                  |
| Full Na | ame of Contributor        |       |                   | мо | DAY  | YEAR  |                  |
| MR. &   | amp; MRS. PETER HOIT      |       |                   | MO | DAT  | ILAK  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | <b>\$</b> 75.00  |
| City    | NAZARETH                  | State | Zip Code (Plus 4) | 10 | 5    | 2015  |                  |
|         |                           | PA    | 18064             |    |      |       |                  |
| Full Na | ame of Contributor        | `     |                   | МО | DAY  | YEAR  |                  |
| MR. &   | amp; MRS. LORY FARDA      |       |                   | MO | DAT  | TEAR  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | <b>\$</b> 150.00 |
| City    | TANNERSVILLE              | State | Zip Code (Plus 4) | 10 | 8    | 2015  |                  |
|         |                           | PA    | 18372             |    |      |       |                  |
| Full Na | ame of Contributor        |       |                   | МО | DAY  | YEAR  |                  |
| MR. &   | amp; MRS. MICHAEL CAPALDI |       |                   |    | DAI  | ILAK  |                  |
| Mailin  | g Address                 |       |                   |    |      |       | <b>\$</b> 250.00 |
| City    | EASTON                    | State | Zip Code (Plus 4) | 9  | 24   | 2015  |                  |
|         |                           | PA    | 18040             |    |      |       |                  |
|         |                           |       |                   |    |      |       |                  |

| Full N | ame of Contributor      |       |                   | Mo       | DAY | VEAD |                  |
|--------|-------------------------|-------|-------------------|----------|-----|------|------------------|
| STEPH  | HEN J. RUGGIERO         |       |                   | МО       | DAY | YEAR |                  |
| Mailin | g Address               |       |                   |          |     | İ    | \$ 250.00        |
| City   | PEN ARGYL               | State | Zip Code (Plus 4) | 10       | 2   | 2015 |                  |
|        |                         | PA    | 18072             |          |     |      |                  |
| Full N | ame of Contributor      | •     | ·                 |          |     |      |                  |
| A J RO | DBINSON                 |       |                   | МО       | DAY | YEAR |                  |
| Mailin | g Address               |       |                   |          |     |      | \$ 100.00        |
| City   | ALLENTOWN               | State | Zip Code (Plus 4) | 6        | 1   | 2015 |                  |
|        |                         | PA    | 18102             |          |     |      |                  |
| Full N | ame of Contributor      | •     | •                 |          |     |      |                  |
| A J RO | DBINSON                 |       |                   | МО       | DAY | YEAR |                  |
| Mailin | g Address               |       |                   |          |     |      | <b>\$</b> 100.00 |
| City   | ALLENTOWN               | State | Zip Code (Plus 4) | 10       | 8   | 2015 |                  |
|        |                         | PA    | 18102             |          |     |      |                  |
| Full N | ame of Contributor      | ·     | •                 |          | DAY | VEAD |                  |
| MR &a  | amp; MRS. BOELMER       |       |                   | МО       | DAY | YEAR |                  |
| Mailin | g Address               |       |                   |          |     |      | <b>\$</b> 100.00 |
| City   | BANGOR                  | State | Zip Code (Plus 4) | 6        | 1   | 2015 |                  |
|        |                         | PA    | 18013             |          |     |      |                  |
| Full N | ame of Contributor      |       |                   | мо       | DAY | YEAR |                  |
| MR. &  | amp; MRS. JOHN EMRICK   |       |                   | 140      | DAI | ILAK |                  |
| Mailin | g Address               |       |                   |          |     |      | <b>\$</b> 100.00 |
| City   | NAZARETH                | State | Zip Code (Plus 4) | 6        | 1   | 2015 |                  |
|        |                         | PA    | 18064             |          |     |      |                  |
| Full N | ame of Contributor      |       |                   | мо       | DAY | YEAR |                  |
| MR. &  | amp; MRS. JOHN EMRICK   |       |                   | 1-10     |     | ILAK |                  |
| Mailin | g Address               |       |                   | <u> </u> |     |      | \$ 100.00        |
| City   | NAZARETH                | State | Zip Code (Plus 4) | 10       | 8   | 2015 |                  |
|        |                         | PA    | 18064             |          |     |      |                  |
| Full N | ame of Contributor      |       |                   | мо       | DAY | YEAR |                  |
| MR. &  | amp; MRS. CHRIS PAGOTTO | 0     |                   | 1-10     |     | ILAK |                  |
| Mailin | g Address               |       |                   |          |     |      | \$ 100.00        |
| City   | EASTON                  | State | Zip Code (Plus 4) | 6        | 8   | 2015 |                  |
|        |                         | PA    | 18045             |          |     |      |                  |
| Full N | ame of Contributor      |       |                   | мо       | DAY | YEAR |                  |
| M/M J  | OHN SCHRAY              |       |                   | 140      | DAI | LAK  |                  |
| Mailin | g Address               |       |                   |          |     |      | \$ 100.00        |
| City   | NAZARETH                | State | Zip Code (Plus 4) | 6        | 9   | 2015 |                  |
|        |                         | PA    | 18064             |          |     |      |                  |
| Full N | ame of Contributor      |       |                   | МО       | DAY | YEAR |                  |
| ROBE   | RT SOVELLI              |       |                   | ,,,0     | DAI | ILAR |                  |
| Mailin | g Address               |       |                   |          |     |      | \$ 100.00        |
| City   | MARTINS CREEK           | State | Zip Code (Plus 4) | 2        | 20  | 2015 |                  |
|        |                         | PA    | 18063             |          |     |      |                  |
|        |                         |       |                   | -        |     |      |                  |

|        |                    |       |                   |    |     |      | PAGE | 7      |
|--------|--------------------|-------|-------------------|----|-----|------|------|--------|
| Full N | ame of Contributor |       |                   | МО | DAY | YEAR |      |        |
| M/M I  | MARK HEMPHELL      |       |                   | МО | DAI | ILAK |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 100.00 |
| City   | BETHLEHEM          | State | Zip Code (Plus 4) | 5  | 28  | 2015 |      |        |
|        |                    | PA    | 18020             |    |     |      |      |        |
| Full N | ame of Contributor |       |                   | мо | DAY | YEAR |      |        |
| JOAN   | N CARDELLO         |       |                   | МО | DAT | IEAR |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 100.00 |
| City   | TANNERSVILLE       | State | Zip Code (Plus 4) | 10 | 8   | 2015 |      |        |
|        |                    | PA    | 18372             |    |     |      |      |        |
| Full N | ame of Contributor |       |                   | мо | DAY | YEAR |      |        |
| MARY   | SIEGEL             |       |                   | МО | DAT | IEAR |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 100.00 |
| City   | BETHLEHEM          | State | Zip Code (Plus 4) | 5  | 22  | 2015 |      |        |
|        |                    | PA    | 18018             |    |     |      |      |        |
| Full N | ame of Contributor | •     | •                 |    | DAY | VEAD |      |        |
| MARY   | SIEGEL             |       |                   | МО | DAY | YEAR |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 50.00  |
| City   | BETHLEHEM          | State | Zip Code (Plus 4) | 9  | 22  | 2015 |      |        |
|        |                    | PA    | 18018             |    |     |      |      |        |
| Full N | ame of Contributor |       | -                 | МО | DAY | VEAD |      |        |
| M/M I  | DAVID NONWINKLE    |       |                   | МО | DAY | YEAR |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 100.00 |
| City   | NAZARETH           | State | Zip Code (Plus 4) | 5  | 27  | 2015 |      |        |
|        |                    | PA    | 18064             |    |     |      |      |        |
| Full N | ame of Contributor |       |                   | МО | DAY | YEAR |      |        |
| SCOT   | T MAHORSKY         |       |                   | МО | DAI | ILAK |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 200.00 |
| City   | NAZARETH           | State | Zip Code (Plus 4) | 5  | 31  | 2015 |      |        |
|        |                    | PA    | 18064             |    |     |      |      |        |
| Full N | ame of Contributor |       |                   | мо | DAY | YEAR |      |        |
| м/м і  | ROBERT ALSON       |       |                   | MO | DAY | TEAK |      |        |
| Mailir | ng Address         |       |                   |    |     |      | \$   | 100.00 |
| City   |                    | State | Zip Code (Plus 4) | 6  | 1   | 2015 |      |        |
|        |                    |       |                   |    |     |      |      |        |
|        |                    |       |                   |    |     |      |      |        |

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

**PAGE TOTAL \$** 4,110.00

#### **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 |                |      |                  |
|---------------|---------------------------------------|---------------|----------|------------|--------|----------------|------|------------------|
| EMRIO<br>CARD | CK, JOE COMMITTEE TO ELECT C/<br>ELLO | O TRES. JOANN |          | From:      | 11/2   | <u>24/2015</u> | То:  | 12/31/2015       |
|               |                                       |               |          |            | DA     | TE             |      | AMOUNT           |
| Full N        | ame of Contributing Committee         |               |          |            | мо     | DAY            | YEAR |                  |
| PA HE         | EALTH CARE ASSN. PAC                  |               |          |            |        |                |      | <b>\$</b> 300.00 |
| Mailin        | g Address                             |               |          |            | 5      | 6              | 2015 |                  |
| City          | HARRISBURG                            | State         | Zip Cod  | e (Plus 4) |        |                |      |                  |
|               |                                       | PA            | 17105    |            |        |                |      |                  |
| Full N        | ame of Contributing Committee         |               |          |            | мо     | DAY            | YEAR |                  |
| PAA 8         | amp; PAC                              |               |          |            | MO     | DAI            | ILAK | \$ 300.00        |
| Mailin        | g Address                             |               |          |            | 5      | 6              | 2015 |                  |
| City          | HARRISBURG                            | State         | Zip Cod  | e (Plus 4) |        |                | 2015 |                  |
|               |                                       | PA            | 17105    |            |        |                |      |                  |
| Full N        | ame of Contributing Committee         | •             |          |            | МО     | l DAY          | VEAD |                  |
| PO PA         | AC PA OPTOMETRY PAC                   |               |          |            | МО     | DAY            | YEAR | \$ 300.00        |
| Mailin        | g Address                             |               |          |            | 5      | 6              | 2015 | 300.00           |
| City          | HARRISBURG                            | State         | Zip Code | e (Plus 4) | ]      |                | 2013 |                  |
|               |                                       | PA            | 17101    |            |        |                |      |                  |
| Full N        | ame of Contributing Committee         | •             |          |            |        |                | \    |                  |
| BIKE          | PAC                                   |               |          |            | МО     | DAY            | YEAR | \$ 300.00        |
| Mailin        | g Address                             |               |          |            | 5      | 6              | 2015 | 300.00           |
| City          | MECHANICSBURG                         | State         | Zip Cod  | e (Plus 4) | ]      |                | 2013 |                  |
|               |                                       | PA            | 17055    |            |        |                |      |                  |
| Full N        | ame of Contributing Committee         | •             | •        |            | мо     | l DAY          | VEAD |                  |
| PA AS         | SSN OF REALTORS PAC                   |               |          |            | МО     | DAY            | YEAR | \$ 300.00        |
| Mailin        | g Address                             |               |          |            | 5      | 6              | 2015 | 500.00           |
| City          | LEMOYNE                               | State         | Zip Cod  | e (Plus 4) | ]      |                | 2013 |                  |
|               |                                       | PA            | 17043    |            |        |                |      |                  |
| Full N        | ame of Contributing Committee         | •             |          |            |        |                | \    |                  |
|               | MARK HEALTH PAC                       |               |          |            | МО     | DAY            | YEAR | \$ 300.00        |
| Mailin        | g Address                             |               |          |            | -      |                | 2015 | 300.00           |
| City          | CAMP HILL                             | State         | Zip Cod  | e (Plus 4) | 5      | 6              | 2015 |                  |
|               |                                       | PA            | 17089    |            |        |                |      |                  |

|  |   |             |                                |                  |              |                  | PAGE 9      |        |
|--|---|-------------|--------------------------------|------------------|--------------|------------------|-------------|--------|
| Full N                                     | ame of Contributing Committee   |             |                                | МО               | DAY          | YEAR             |             |        |
| HIGH                                       | MARK HEALTH PAC   |             |                                | 1-10             |              | IZAK             | \$          | 150.00 |
| Mailin                                     | ng Address  |             |                                | 10               | 7            | 2015             |             |        |
| City                                       | CAMP HILL   | State       | Zip Code (Plus 4)              | 10               | ′            | 2013             |             |        |
|  |   | PA          | 17089                          |                  |              |                  |             |        |
| Full N                                     | lame of Contributing Committee  |             |                                | мо               | DAY          | YEAR             |             |        |
| HCR I                                      | MANOR CARE PAC  |             |                                |                  |              |                  | \$ 5        | 500.00 |
| Mailin                                     | ng Address  |             |                                | 5                | 5            | 2015             |             |        |
| City                                       | TOLEDO  | State       | Zip Code (Plus 4)              |                  |              |                  |             |        |
|  |   | ОН          | 43699                          |                  |              |                  |             |        |
| Full N                                     | lame of Contributing Committee  |             |                                | МО               | DAY          | YEAR             |             |        |
| GENE                                       | SIS HEALTHCARE PAC  |             |                                |                  |              |                  | \$ 5        | 500.00 |
| Mailin                                     | ng Address  |             |                                | 5                | 6            | 2015             |             |        |
| City                                       | KENNETH SQUARE  | State       | Zip Code (Plus 4)              |                  |              |                  |             |        |
|  |   | PA          | 19348                          |                  |              |                  |             |        |
| Full N                                     | lame of Contributing Committee  |             |                                | МО               | DAY          | YEAR             |             |        |
| CRIS                                       | CI ASSOC PAC  |             |                                |                  |              |                  | \$ 3        | 300.00 |
| Mailin                                     | ng Address  |             |                                | 5                | 6            | 2015             |             |        |
| City                                       | HARRISBURG  | State       | Zip Code (Plus 4)              |                  |              | 2013             |             |        |
|  |   | PA          | 17101                          |                  |              |                  |             |        |
| Full N                                     | lame of Contributing Committee  |             |                                | МО               | DAY          | YEAR             |             |        |
| PA CC                                      | DALITION OF NURSE PRACTIONER  | S PAC       |                                | MO               | DAT          | TEAR             | <b>\$</b> 3 | 300.00 |
| Mailin                                     | ng Address  |             |                                | 5                | 6            | 2015             | ,           | 300100 |
| City                                       | PITTSBURGH  | State       | Zip Code (Plus 4)              | ] ,              |              | 2013             |             |        |
|  |   | PA          | 15221                          |                  |              |                  |             |        |
| Full N                                     | lame of Contributing Committee  | •           |                                |                  |              |                  |             |        |
| PAW  | DAC   |             |                                |                  | L = 437      | 1 ./= 4 -        | l           |        |
|  | PAC   |             |                                | МО               | DAY          | YEAR             | <b>d</b> 5  | 300 00 |
| Mailin                                     | ng Address  |             |                                |                  |              |                  | <b>\$</b>   | 300.00 |
| Mailin<br>City                             |   | State       | Zip Code (Plus 4)              | <b>мо</b><br>. 5 | <b>DAY</b> 6 | <b>YEAR</b> 2015 | \$ 3        | 300.00 |
|  | ng Address  | State<br>PA | <b>Zip Code (Plus 4)</b> 17033 |                  |              |                  | \$          | 300.00 |
| City                                       | ng Address  |             |                                | . 5              | 6            | 2015             | \$          | 300.00 |
| City                                       | HERSHEY  Jame of Contributing Committee   |             |                                |                  |              |                  |             |        |
| Full N                                     | HERSHEY  Jame of Contributing Committee   |             |                                | . 5<br><b>MO</b> | 6 DAY        | 2015<br>YEAR     |             | 250.00 |
| Full N                                     | HERSHEY  Jame of Contributing Committee PAC   |             |                                | . 5              | 6            | 2015             |             |        |
| Full N<br>PAW                              | HERSHEY  Jame of Contributing Committee PAC  And Address  | PA          | 17033                          | . 5<br><b>MO</b> | 6 DAY        | 2015<br>YEAR     |             |        |
| Full N PAW Mailin City                     | HERSHEY  Jame of Contributing Committee PAC  And Address  | PA State    | 17033  Zip Code (Plus 4)       | мо<br>9          | 6 DAY 17     | 2015  YEAR  2015 |             |        |
| Full N PAW Mailin City                     | HERSHEY  Jame of Contributing Committee PAC  ng Address  HERSHEY  | PA State    | 17033  Zip Code (Plus 4)       | . 5<br><b>MO</b> | 6 DAY        | 2015<br>YEAR     | \$ 2        | 250.00 |
| Full N PAW Mailin City Full N PAMP         | HERSHEY  Jame of Contributing Committee PAC  Ing Address  HERSHEY  Jame of Contributing Committee                                 | PA State    | 17033  Zip Code (Plus 4)       | мо<br>9          | 6 DAY 17     | 2015  YEAR  2015 | \$ 2        |        |
| Full N PAW Mailin City Full N PAMP         | HERSHEY  Jame of Contributing Committee PAC  Ing Address HERSHEY  Jame of Contributing Committee AC PA MEDICAL PAC                | PA State    | 17033  Zip Code (Plus 4)       | мо<br>9          | 6 DAY 17     | 2015  YEAR  2015 | \$ 2        | 250.00 |
| Full N PAW Mailin City  Full N PAMP Mailin | HERSHEY  Jame of Contributing Committee PAC  Ing Address  HERSHEY  Jame of Contributing Committee PAC PA MEDICAL PAC  Ing Address | State PA    | 17033  Zip Code (Plus 4) 17033 | мо<br>9          | 6 DAY 17     | 2015  YEAR  2015 | \$ 2        | 250.00 |

| Full N   | lame of Contributing Committee   |                    |  | МО                      | DAY           | YEAR             |          |        |
|--|--|--------------------|--|-------------------------|---------------|------------------|----------|--------|
| ZPAC   | PENNSYLVANIA SOCIETY OF ANE  | STHESIOLOGISTS     |  |                         |               |                  | \$       | 300.00 |
| Mailin   | ng Address   |                    |  | 5                       | 6             | 2015             |          |        |
| City   | MEDIA  | State              | Zip Code (Plus 4)                                |                         |               | 2013             |          |        |
|  |  | PA                 | 19063  |                         |               |                  |          |        |
| Full N   | lame of Contributing Committee   |                    |  | МО                      | DAY           | YEAR             |          |        |
| STATI  | E STREET ADVISORS  |                    |  |                         |               |                  | \$       | 300.00 |
| Mailin   | ng Address   |                    |  | 5                       | 6             | 2015             |          |        |
| City   | HARRISBURG   | State              | Zip Code (Plus 4)                                |                         |               | 2013             |          |        |
|  |  | PA                 | 17101  |                         |               |                  |          |        |
| Full N   | lame of Contributing Committee   |                    |  | МО                      | DAY           | YEAR             |          |        |
| PA CH  | HAMBER PAC   |                    |  |                         |               |                  | \$       | 300.00 |
| Mailin   | ng Address   |                    |  | 5                       | 6             | 2015             |          |        |
| City   | HARRISBURG   | State              | Zip Code (Plus 4)                                | ]                       |               | 2013             |          |        |
|  |  | PA                 | 17101  |                         |               |                  |          |        |
| Full N   | lame of Contributing Committee   |                    |  | МО                      | DAY           | YEAR             |          |        |
| PA AS  | SSN. OF DEER FARMERS PAC   |                    |  |                         | 5711          | 12711            | \$       | 300.00 |
| Mailin   | ng Address   |                    |  | 5                       | 6             | 2015             |          |        |
| City   | HARRISBURG   | State              | Zip Code (Plus 4)                                | ]                       | "             | 2013             |          |        |
|  |  | PA                 | 17101  |                         |               |                  |          |        |
| Full N   | lame of Contributing Committee   |                    |  | МО                      | DAY           | YEAR             |          |        |
| PP&ar  | mp;L PEOPLE FOR GOOD GOV'T. F  | PAC                |  | 140                     | DAI           | ILAK             | \$       | 300.00 |
| Mailin   | ng Address   |                    |  | 5                       | 6             | 2015             | ] '      | 555.55 |
| City   | ALLENTOWN  | State              | Zip Code (Plus 4)                                |                         |               | 2013             |          |        |
|  |  | PA                 | 10101  |                         |               |                  |          |        |
| E 21   |  | rA                 | 18101  |                         | l             |                  |          |        |
| rull N   | lame of Contributing Committee   | FA                 | 18101  | <br> <br>               | DAY           | VEAD             |          |        |
|  | lame of Contributing Committee<br>mp;L PEOPLE FOR GOOD GOV'T. F  |                    | 18101  | мо                      | DAY           | YEAR             | <u> </u> | 250.00 |
| PP&ar  | -  |                    | 18101  |                         |               |                  | \$       | 250.00 |
| PP&ar  | mp;L PEOPLE FOR GOOD GOV'T. F  |                    | Zip Code (Plus 4)                                | <b>MO</b> 9             | <b>DAY</b> 25 | <b>YEAR</b> 2015 | \$       | 250.00 |
| PP&ar<br><b>Mailin</b>   | mp;L PEOPLE FOR GOOD GOV'T. F  | AC                 |  |                         |               |                  | \$       | 250.00 |
| PP&ar<br>Mailin<br>City  | mp;L PEOPLE FOR GOOD GOV'T. F  | PAC                | Zip Code (Plus 4)                                | 9                       | 25            | 2015             | \$       | 250.00 |
| PP&ar<br>Mailin<br>City  | mp;L PEOPLE FOR GOOD GOV'T. F<br>ng Address<br>ALLENTOWN   | PAC                | Zip Code (Plus 4)                                |                         |               |                  |          |        |
| PP&ar Mailin City  Full N INS. I   | mp;L PEOPLE FOR GOOD GOV'T. F ng Address  ALLENTOWN  Jame of Contributing Committee  | PAC                | Zip Code (Plus 4)                                | . 9<br><b>MO</b>        | 25<br>DAY     | 2015<br>YEAR     | \$       | 250.00 |
| PP&ar Mailin City  Full N INS. I   | mp;L PEOPLE FOR GOOD GOV'T. F ng Address  ALLENTOWN  lame of Contributing Committee FEDERATION OF PA-PA INS PAC  | PAC                | Zip Code (Plus 4)                                | 9                       | 25            | 2015             |          |        |
| PP&ar Mailin City  Full N INS. I   | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Jame of Contributing Committee FEDERATION OF PA-PA INS PAC  | PAC State PA       | <b>Zip Code (Plus 4)</b><br>18101                | . 9<br><b>MO</b>        | 25<br>DAY     | 2015<br>YEAR     |          |        |
| PP&ar Mailin City  Full N INS. I Mailin City                               | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Jame of Contributing Committee FEDERATION OF PA-PA INS PAC  | State PA State     | Zip Code (Plus 4) 18101  Zip Code (Plus 4)       | . 9<br><b>мо</b><br>. 5 | 25 DAY 6      | 2015  YEAR  2015 |          |        |
| PP&ar<br>Mailin<br>City  Full N INS. I Mailin City                         | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Itame of Contributing Committee FEDERATION OF PA-PA INS PAC  Ing Address  PHILADELPHIA  | State PA State     | Zip Code (Plus 4) 18101  Zip Code (Plus 4)       | . 9<br><b>MO</b>        | 25<br>DAY     | 2015<br>YEAR     | \$       |        |
| PP&ar Mailin City  Full N INS. I Mailin City  Full N PHYS.                 | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Jame of Contributing Committee FEDERATION OF PA-PA INS PAC Ing Address  PHILADELPHIA  Jame of Contributing Committee                                    | State PA State     | Zip Code (Plus 4) 18101  Zip Code (Plus 4)       | мо<br>5                 | 25  DAY  6    | 2015  YEAR  2015 |          | 300.00 |
| PP&ar Mailin City  Full N INS. I Mailin City  Full N PHYS.                 | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Itame of Contributing Committee FEDERATION OF PA-PA INS PAC Ing Address  PHILADELPHIA  Itame of Contributing Committee ICIANS ASSISTANTS PAC            | State PA State     | Zip Code (Plus 4) 18101  Zip Code (Plus 4)       | . 9<br><b>мо</b><br>. 5 | 25 DAY 6      | 2015  YEAR  2015 | \$       | 300.00 |
| Full N Hailin City  Full N Hailin City  Full N Hailin Mailin Mailin Mailin | mp;L PEOPLE FOR GOOD GOV'T. Fing Address  ALLENTOWN  Itame of Contributing Committee FEDERATION OF PA-PA INS PAC Ing Address PHILADELPHIA  Itame of Contributing Committee ICIANS ASSISTANTS PAC Ing Address | State PA  State PA | Zip Code (Plus 4) 18101  Zip Code (Plus 4) 19103 | мо<br>5                 | 25  DAY  6    | 2015  YEAR  2015 | \$       | 300.00 |

|                        |                                       |         |                                |                  |      |       | PAGL      | 11     |
|------------------------|---------------------------------------|---------|--------------------------------|------------------|------|-------|-----------|--------|
| Full N                 | lame of Contributing Committee        |         |                                | МО               | DAY  | YEAR  |           |        |
| PA AS                  | SSOC. OF PRIVATE SCHOOL ADMIN         | N PAC   |                                |                  |      |       | \$        | 300.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 6    | 2015  |           |        |
| City                   | HARRISBURG                            | State   | Zip Code (Plus 4)              |                  |      | 2013  |           |        |
|                        |                                       | PA      | 17101                          |                  |      |       |           |        |
| Full N                 | ame of Contributing Committee         |         |                                | мо               | DAY  | YEAR  |           |        |
| HA PA                  | AC - STATE                            |         |                                |                  |      |       | \$        | 300.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 6    | 2015  |           |        |
| City                   | HARRISBURG                            | State   | Zip Code (Plus 4)              |                  |      |       |           |        |
|                        |                                       | PA      | 17105                          |                  |      |       |           |        |
| Full N                 | ame of Contributing Committee         |         |                                | мо               | DAY  | YEAR  |           |        |
| UGI S                  | STATE PAC                             |         |                                |                  |      |       | \$        | 300.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 6    | 2015  |           |        |
| City                   | READING                               | State   | Zip Code (Plus 4)              |                  |      | 2013  |           |        |
|                        |                                       | PA      | 19612                          |                  |      |       |           |        |
| Full N                 | ame of Contributing Committee         |         |                                | МО               | DAY  | YEAR  |           |        |
| PAD F                  | PAC                                   |         |                                |                  |      | 12711 | \$        | 500.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 6    | 2015  |           |        |
| City                   | HARRISBURG                            | State   | Zip Code (Plus 4)              | ]                |      | 2013  |           |        |
|                        |                                       | PA      | 17110                          |                  |      |       |           |        |
| Full N                 | lame of Contributing Committee        |         |                                | МО               | DAY  | YEAR  |           |        |
| PA AC                  | CADEMY OF AUDIOLOGY PAC               |         |                                | МО               | DAI  | ILAK  | \$        | 300.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 6    | 2015  |           |        |
| City                   | HARRISBURG                            | State   | Zip Code (Plus 4)              | ]                |      | 2015  |           |        |
|                        |                                       | PA      | 17102                          |                  |      |       |           |        |
| Full N                 | lame of Contributing Committee        |         |                                | мо               | DAY  | YEAR  |           |        |
| FALLI                  | NG SPRING NURSING & amp; REH          | AB      |                                | МО               | DAT  | TEAR  | \$        | 500.00 |
| Mailin                 | ng Address                            |         |                                | 5                | 7    | 2015  | ]         | 555.55 |
| City                   | CHAMBERSBURG                          | State   | Zip Code (Plus 4)              | ]                | ,    | 2013  |           |        |
|                        |                                       | PA      | 17202                          |                  |      |       |           |        |
| Full N                 | lame of Contributing Committee        |         |                                | мо               | DAY  | YEAR  |           |        |
| FIRST                  | Γ ENERGY PAC                          |         |                                | МО               | DAT  | TEAR  | \$        | 300.00 |
| Mailin                 | ng Address                            |         |                                | 6                | 1    | 2015  | Ī         | 300.00 |
| City                   | AKRON                                 | State   | Zip Code (Plus 4)              | 6                | 1    | 2015  |           |        |
|                        |                                       | он      | 44308                          |                  |      |       |           |        |
| Full N                 | lame of Contributing Committee        |         |                                |                  | DAY  | YEAR  |           |        |
|                        | diffe of contributing committee       |         |                                | MO               | LUAY |       |           |        |
|                        | DY & DY & DY & DY WOOTEN PUBLIC AFFAI | IRS LLP |                                | МО               | DAY  | TEAR  | \$        | 300.00 |
| MALA                   |                                       | IRS LLP |                                |                  |      |       | <b>\$</b> | 300.00 |
| MALA                   | DY & WOOTEN PUBLIC AFFAI              | State   | Zip Code (Plus 4)              | <b>мо</b><br>- 6 | 23   | 2015  | <b>\$</b> | 300.00 |
| MALA<br><b>Maili</b> n | DY & WOOTEN PUBLIC AFFAI              | T       | <b>Zip Code (Plus 4)</b> 17101 |                  |      |       | \$        | 300.00 |

| Full Name of Contributing Committee   |          |                                |                |       |                  |                |
|---|----------|--------------------------------|----------------|-------|------------------|----------------|
| DEAN BROWNING   |          |                                | МО             | DAY   | YEAR             | F0.00          |
| Mailing Address   |          |                                | _              |       |                  | \$<br>50.00    |
| City ALLENTOWN  | State    | Zip Code (Plus 4)              | 5              | 30    | 2015             |                |
|   | PA       | 18104                          |                |       |                  |                |
| Full Name of Contributing Committee DEAN BROWNING   |          | •                              | мо             | DAY   | YEAR             |                |
| Mailing Address   |          |                                |                |       |                  | \$<br>500.00   |
| City ALLENTOWN  | State    | Zip Code (Plus 4)              | 9              | 25    | 2015             |                |
| activity Acceptable   | PA       | 18104                          |                |       |                  |                |
|   |          |                                | ı              | ı     | 1                |                |
| Full Name of Contributing Committee   |          |                                | МО             | DAY   | VEAR             |                |
| Full Name of Contributing Committee AIR PRODUCTS PA POLITICAL ALLIANCE  | <u> </u> |                                | МО             | DAY   | YEAR             | \$<br>500.00   |
| _   | E        |                                |                |       |                  | \$<br>500.00   |
| AIR PRODUCTS PA POLITICAL ALLIANC   | State    | Zip Code (Plus 4)              | <b>MO</b> 9    | DAY 1 | <b>YEAR</b> 2015 | \$<br>500.00   |
| AIR PRODUCTS PA POLITICAL ALLIANCE Mailing Address  | T        | <b>Zip Code (Plus 4)</b> 18087 |                |       |                  | \$<br>500.00   |
| AIR PRODUCTS PA POLITICAL ALLIANCE Mailing Address  | State    | . , ,                          | 9              | 1     | 2015             | \$<br>500.00   |
| AIR PRODUCTS PA POLITICAL ALLIANCE  Mailing Address  City TREXLERTOWN   | State    | . , ,                          |                |       |                  |                |
| AIR PRODUCTS PA POLITICAL ALLIANCE  Mailing Address  City TREXLERTOWN  Full Name of Contributing Committee                          | State    | . , ,                          | 9<br><b>MO</b> | 1 DAY | 2015<br>YEAR     | \$<br>1,000.00 |
| AIR PRODUCTS PA POLITICAL ALLIANCE  Mailing Address  City TREXLERTOWN  Full Name of Contributing Committee  CITIZENS FOR PAT BROWNE | State    | . , ,                          | 9              | 1     | 2015             |                |

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

**PAGE TOTAL \$** 11,600.00

### 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.)

**Reporting Period** 

Name of Filing Committee or Candidate

| EMRICK, JOE COMMITTEE TO ELECT C/                         | EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO |               |                  |            |              | <u>015</u> <b>To</b> | : <u>12/31/2015</u> |  |  |  |
|---|---|---------------|------------------|------------|--------------|----------------------|---------------------|--|--|--|
|   |   |               |                  | D.A        | <b>ATE</b>   |                      | AMOUNT              |  |  |  |
| Full Name of Contributor                                  |   |               |                  | мо         | DAY          | YEAR                 | 300.00              |  |  |  |
| LETTY LUTZER MD   |   |               |                  | 1-10       | DAI          | ILAK                 | \$ 200.00           |  |  |  |
| Mailing Address   |   |               |                  | 5          | 25           | 2015                 |                     |  |  |  |
| City  | State   |               | 23               | 2013       |              |                      |                     |  |  |  |
| Employer Name SELF EMPLOYED                               |   |               |                  |            | ion          | DOCTOR               | 2                   |  |  |  |
| Employer Mailing Address/Principal Place of Business City |   |               |                  |            | State        |                      | Zip Code (Plus 4)   |  |  |  |
| Full Name of Contributor                                  |   |               |                  |            | DAY          | VEAD                 |                     |  |  |  |
| LETTY LUTZER MD   |   |               |                  | МО         | DAY          | YEAR                 | \$ 200.00           |  |  |  |
| Mailing Address   |   |               |                  |            | 13           | 2015                 | 1                   |  |  |  |
| City  | State   | Zip Code (Plu | s 4)             | 9          | 15           | 2013                 |                     |  |  |  |
| Employer Name SELF EMPLOYED                               |   |               |                  | Occupat    | ion          | DOCTOR               | ₹                   |  |  |  |
| Employer Mailing Address/Principal Plac                   | e of Business   | City          |                  | State      |              |                      | Zip Code (Plus 4)   |  |  |  |
| Full Name of Contributor                                  |   |               |                  |            | - A-W        | \/= 4.D              |                     |  |  |  |
| M/M FINSLEY   |   |               |                  | МО         | DAY          | YEAR                 | \$ 100.00           |  |  |  |
| Mailing Address   |   |               |                  | 6          | 1            | 2015                 | 1                   |  |  |  |
| City BANGOR   | State   | Zip Code (Plu | s 4)             |            | 1            | 2015                 |                     |  |  |  |
|   | PA  | 18013         |                  |            |              |                      |                     |  |  |  |
| Employer Name   |   |               |                  | Occupation |              |                      |                     |  |  |  |
| Employer Mailing Address/Principal Plac                   | e of Business   | City          |                  |            | State        |                      | Zip Code (Plus 4)   |  |  |  |
|   |   |               |                  |            |              |                      |                     |  |  |  |
| Full Name of Contributor                                  |   |               |                  | мо         | DAY          | YEAR                 | \$ 250.00           |  |  |  |
| M/M FINSLEY   |   |               |                  |            |              |                      | -                   |  |  |  |
| Mailing Address   | State   | Zip Code (Plu | c 4)             | 9          | 27           | 2015                 |                     |  |  |  |
| City BANGOR   |   | •             | 3 <del>4</del> ) |            |              |                      |                     |  |  |  |
| Francisco None  | I PA  |               |                  |            |              | I                    | I                   |  |  |  |
| Employer Name   |   |               |                  |            | •            |                      |                     |  |  |  |
| Employer Mailing Address/Principal Place of Business City |   |               |                  |            | ion<br>State |                      | Zip Code (Plus 4)   |  |  |  |

|   |                 |               |               |         |       |         | _          |          |  |
|---|-----------------|---------------|---------------|---------|-------|---------|------------|----------|--|
| Full Name of Contributor                        |                 |               |               | мо      | DAY   | YEAR    | \$         | 1,000.00 |  |
| FAUST CAPABIANCA IV                             |                 |               |               |         |       |         | <b>↓</b> * | 1,000.00 |  |
| Mailing Address                                 | <b>.</b>        |               |               | 9       | 7     | 2015    |            |          |  |
| City EASTON                                     | State           | Zip           | Code (Plus 4) |         |       |         |            |          |  |
|   | PA              | 18            | 045           |         |       |         |            |          |  |
| Employer Name SELF EMPLOYED                     |                 |               |               | Occupat | ion   | CONSUL  | LTANT      |          |  |
| Employer Mailing Address/Principal Plac         | e of Business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |
|   |                 |               |               |         |       |         |            |          |  |
| Full Name of Contributor                        |                 |               |               | МО      | DAY   | YEAR    |            |          |  |
| CARL TOLINO                                     |                 |               |               | MO      | DAI   | ILAK    | \$         | 500.00   |  |
| Mailing Address                                 |                 |               |               | 8       | 28    | 2015    |            |          |  |
| <b>City</b> BANGOR                              | State           | Zip           | Code (Plus 4) |         | 20    | 2013    |            |          |  |
|   | PA              | <sub>18</sub> | 013           |         |       |         |            |          |  |
| Employer Name TOLINO FUEL SERV.                 |                 |               |               | Occupat | ion ( | OWNER   |            |          |  |
| Employer Mailing Address/Principal Plac         | e of Business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |
|   |                 |               | •             |         |       |         | •          |          |  |
| Full Name of Contributor                        |                 |               |               | 140     | DAY   | V= 4 =  |            |          |  |
| MR & MRS. BRYAN GAULT                           |                 |               |               | МО      | DAY   | YEAR    | \$         | 500.00   |  |
| Mailing Address                                 |                 |               |               |         | 15    | 2015    |            |          |  |
| City ALLENTOWN                                  | State           | Zip           | Code (Plus 4) | 9       | 15    | 2015    |            |          |  |
|   | l <sub>PA</sub> | 18            | 104           |         |       |         |            |          |  |
| Employer Name WIND GAP CHEVY                    |                 |               | 10.           | Occupat | ion   | AUTO D  | EALED      |          |  |
| Employer Mailing Address/Principal Place        | o of Pusinoss   |               | City          | Cecuput | State | HOTO D  | Zip Code   | (Plus 4) |  |
| Employer Maining Address/Frincipal Flac         | e or business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |
| Full Name of Contributor                        |                 |               |               |         |       |         |            |          |  |
| J.M. ULIANA & ASSOC. LRC                        |                 |               |               | МО      | DAY   | YEAR    | \$         | 300.00   |  |
| Mailing Address                                 |                 |               |               |         |       |         | 1          |          |  |
| City BETHLEHEM                                  | State           | Zip           | Code (Plus 4) | 5       | 6     | 2015    |            |          |  |
|   | l<br>PA         | l             | 020           |         |       |         |            |          |  |
| Employer Name J M ULIANA & D AS                 |                 | . 10          | 020           | Occupat | ion   | LOBBYIS | ·<br>:T    |          |  |
|   |                 |               | City          | Cccuput | 1     | LODDII  | Zip Code   | (Div. 4) |  |
| Employer Mailing Address/Principal Plac         | e or business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |
| Full Name of Contributor                        |                 |               |               |         |       |         | I          |          |  |
| J.M. ULIANA & ASSOC. LRC                        |                 |               |               | МО      | DAY   | YEAR    | \$         | 300.00   |  |
| Mailing Address                                 |                 |               |               |         |       |         | 1          |          |  |
| City BETHLEHEM                                  | State           | Zir           | Code (Plus 4) | 9       | 23    | 2015    |            |          |  |
| DETITIES I                                      | PA              | -             | 020           |         |       |         |            |          |  |
| Employer Name 1 M III TANA 9.2002. AC           |                 | . 10          | 020           | Occupat | ion   |         | ·          |          |  |
| Employer Name J M ULIANA & Disciplination Place |                 | I             | City.         | Occupat | 1     | LOBBYIS |            | (Dive 4) |  |
| Employer Mailing Address/Principal Plac         | e of Business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |
| Full Name of Contributor                        |                 |               |               |         |       |         |            |          |  |
| GUY SAFTON                                      |                 |               |               | МО      | DAY   | YEAR    | \$         | 1,000.00 |  |
| Mailing Address                                 |                 |               |               |         |       | 20:5    | 1          |          |  |
| City EASTON                                     | State           | Zir           | Code (Plus 4) | 9       | 25    | 2015    |            |          |  |
|   | PA              | -             | 045           |         |       |         |            |          |  |
| Employer Name NORTHAMPTON MENC                  |                 | . 10          | <del></del>   | Occupat | ion   | DD EC   | •          |          |  |
| Employer Name NORTHAMPTON MEMO                  | NUTAL SUKTINE   |               |               | Occupat | 1011  | PRES.   |            |          |  |
| Faralanca Mallion Adding (B. 1. 1. 1.           | f D!            |               | C:L.          |         | C+-+  |         |            |          |  |
| Employer Mailing Address/Principal Plac         | e of Business   |               | City          |         | State |         | Zip Code   | (Plus 4) |  |

|                                      |                   |      |                 | _         | 1      |          |                   |
|--------------------------------------|-------------------|------|-----------------|-----------|--------|----------|-------------------|
| Full Name of Contributor             |                   |      |                 | мо        | DAY    | YEAR     | \$ 150.00         |
| CHARLES TUSKES                       |                   |      |                 |           |        |          | 150.00            |
| Mailing Address                      |                   |      |                 | 6         | 5      | 2015     |                   |
| City BETHLEHEM                       | State             | Zi   | p Code (Plus 4) |           |        |          |                   |
|                                      | l <sub>PA</sub>   | 1 18 | 3020            | ļ         |        |          |                   |
| Employer Name LUSHES HOMES           |                   |      |                 | Occupat   | tion   | CEO      |                   |
| Employer Mailing Address/Principal   | Place of Business |      | City            | -         | State  |          | Zip Code (Plus 4) |
|                                      |                   |      |                 |           |        |          |                   |
| Full Name of Contributor             |                   |      |                 | мо        | DAY    | YEAR     | \$ 150.00         |
| CHARLES TUSKES                       |                   |      |                 |           |        |          | 150.00            |
| Mailing Address                      | <u> </u>          |      |                 | 10        | 8      | 2015     |                   |
| City BETHLEHEM                       | State             | Zi   | p Code (Plus 4) |           |        |          |                   |
|                                      | I <sub>PA</sub>   | 1 18 | 3020            |           |        | l        |                   |
| Employer Name LUSHES HOMES           |                   |      |                 | Occupat   | tion   | CEO      |                   |
| Employer Mailing Address/Principal   | Place of Business |      | City            |           | State  |          | Zip Code (Plus 4) |
| Full Name of Contributor             |                   |      |                 |           |        |          |                   |
| M/M MICHAEL BUTZ                     |                   |      |                 | МО        | DAY    | YEAR     | \$ 150.00         |
| Mailing Address                      |                   |      |                 |           |        |          | 1                 |
| City BETHLEHEM                       | State             | Zi   | p Code (Plus 4) | 6         | 21     | 2015     |                   |
| SETTLETT.                            | PA                |      | 3020            |           |        |          |                   |
| Employer Name                        | ''''              | ' 10 | 5020            | Occupat   | ·<br>· | •        | <u>'</u>          |
| Employer Name                        | Dince of Business |      | City            | Оссира    | State  |          | Zin Codo (Dive 4) |
| Employer Mailing Address/Principal   | Place of Business |      | City            |           | State  |          | Zip Code (Plus 4) |
| Full Name of Contributor             |                   |      |                 | МО        | DAY    | YEAR     | 150.00            |
| M/M MICHAEL BUTZ                     |                   |      |                 | 110       | ואס    | ILAN     | \$ 150.00         |
| Mailing Address                      |                   |      |                 | 11        | 1      | 2015     |                   |
| City BETHLEHEM                       | State             | Zi   | p Code (Plus 4) |           | _      | 2013     |                   |
|                                      | l <sub>PA</sub>   | 1 18 | 3020            | 1         |        |          |                   |
| Employer Name                        |                   |      |                 | Occupat   | tion   |          |                   |
| Employer Mailing Address/Principal   | Place of Business |      | City            | -         | State  |          | Zip Code (Plus 4) |
| Full Name of Contributor             |                   |      |                 |           |        |          |                   |
| M/M EDWARD CARROLL                   |                   |      |                 | МО        | DAY    | YEAR     | \$ 100.00         |
| Mailing Address                      |                   |      |                 | _         | 22     | 2015     | 1                 |
| City BANGOR                          | State             | Zi   | p Code (Plus 4) | 5         | 22     | 2015     |                   |
|                                      | l <sub>PA</sub>   |      | 3013            |           |        |          |                   |
| Employer Name EDWARD CARROL          |                   | \    | · - <del></del> | Occupat   | tion   | OWNER    |                   |
| Employer Mailing Address/Principal   |                   |      | City            | 1 - ccapa | State  | OWINER   | Zip Code (Plus 4) |
| Employer Planning Address/Principal  | riace of business |      | City            |           | State  |          | Zip code (Flus 4) |
| Full Name of Contributor             |                   |      |                 | мо        | DAY    | YEAR     | \$ 250.00         |
| M/M EDWARD CARROLL                   |                   |      |                 |           |        |          |                   |
| Mailing Address                      |                   | ı    | _               | 9         | 22     | 2015     |                   |
| City BANGOR                          | State             |      | p Code (Plus 4) |           |        |          |                   |
| Fundamen Name - FRANCE - COST - COST | I PA              | 1 18 | 3013            | 0         |        | 014/21== | 1                 |
| Employer Name EDWARD CARROL          |                   |      | T -             | Occupat   | Т      | OWNER    |                   |
| Employer Mailing Address/Principal   | Place of Business |      | City            |           | State  |          | Zip Code (Plus 4) |
|                                      |                   |      | i               |           | 1      |          |                   |

|  |                  |      |                 | _       |       |        | _             |                       |
|--|------------------|------|-----------------|---------|-------|--------|---------------|-----------------------|
| Full Name of Contributor               |                  |      |                 | мо      | DAY   | YEAR   | \$            | 1,000.00              |
| FRANK IMPECESTI                        |                  |      |                 |         |       |        | ] *           | 1,000.00              |
| Mailing Address                        |                  |      |                 | 9       | 29    | 2015   |               |                       |
| City PHILLIPSBURG                      | State            | Zi   | p Code (Plus 4) |         |       |        |               |                       |
|  | l <sub>NJ</sub>  | 1 08 | 8865            |         |       |        |               |                       |
| Employer Name STATELINE FABRIC         | ATORS            |      |                 | Occupat | tion  | CEO    |               |                       |
| Employer Mailing Address/Principal P   | lace of Business |      | City            |         | State |        | Zip Code      | (Plus 4)              |
|  |                  |      |                 |         |       |        |               |                       |
| Full Name of Contributor               |                  |      |                 | мо      | DAY   | YEAR   |               | 200.00                |
| MR. & MRS. JOHN MCCULLEN               |                  |      |                 | 110     | DAI   | ILAK   | \$            | 300.00                |
| Mailing Address                        |                  |      |                 | 5       | 30    | 2015   |               |                       |
| City HARDWICK                          | State            | Zi   | p Code (Plus 4) |         | 30    | -013   |               |                       |
|  | l <sub>NJ</sub>  | 1 07 | 7825            |         |       |        |               |                       |
| Employer Name ULTRAPOLY CORP.          |                  |      |                 | Occupat | tion  | VP OWN | ER            |                       |
| Employer Mailing Address/Principal P   | lace of Business |      | City            |         | State |        | Zip Code      | (Plus 4)              |
|  |                  |      | PORTLAND        |         | PA    |        | 18351         |                       |
| Full Name of Cantalhate                |                  |      |                 |         | 1     |        | T             |                       |
| Full Name of Contributor               |                  |      |                 | МО      | DAY   | YEAR   | \$            | 500.00                |
| MR. & MRS. JOHN MCCULLEN               |                  |      |                 |         |       |        | -             |                       |
| Mailing Address                        | GL-1-            | T    | o Cada (Disa 4) | 9       | 1     | 2015   |               |                       |
| City HARDWICK                          | State            |      | p Code (Plus 4) |         |       |        |               |                       |
|  | I NJ             | 1 07 | 7825            |         |       | l      | ı             |                       |
| Employer Name ULTRAPOLY CORP.          |                  |      | <b>I</b>        | Occupat | ion   | VP OWN | ER            |                       |
| Employer Mailing Address/Principal P   | lace of Business |      | City            |         | State |        | Zip Code      | (Plus 4)              |
|  |                  |      | PORTLAND        |         | PA    |        | 18351         |                       |
| Full Name of Contributor               |                  |      |                 |         |       |        |               |                       |
| ALAN LA FUIRA                          |                  |      |                 | МО      | DAY   | YEAR   | <b>\$</b>     | 1,000.00              |
| Mailing Address                        |                  |      |                 |         | 2.1   | 2015   | 1             |                       |
| City PORTLAND                          | State            | Zi   | p Code (Plus 4) | 8       | 21    | 2015   |               |                       |
|  | l <sub>PA</sub>  | 1 18 | 3351            |         |       |        |               |                       |
| Employer Name ULTRA POLY CORP          |                  |      |                 | Occupat | ion   | OWNER  |               |                       |
| Employer Mailing Address/Principal P   | lace of Business |      | City            |         | State |        | Zip Code      | (Plus 4)              |
|  |                  |      | PORTLAND        |         | PA    |        | 18351         | (                     |
|  |                  |      | TORTLAND        |         | 117   |        | 10331         |                       |
| Full Name of Contributor               |                  |      |                 | мо      | DAY   | YEAR   | <sub>\$</sub> | 300.00                |
| DAVID CERAUL                           |                  |      |                 |         |       |        | -             |                       |
| Mailing Address                        | T <sub>2</sub>   | T    |                 | 5       | 27    | 2015   |               |                       |
| <b>City</b> BANGOR                     | State            |      | p Code (Plus 4) |         |       |        |               |                       |
|  | I PA             | I 18 | 3013            |         |       | l      | ı             |                       |
| Employer Name CERAUL LAW OFFICE        | CES              |      | T               | Occupat | tion  | ATTORN | EY            |                       |
| Employer Mailing Address/Principal P   | lace of Business |      | City            |         | State |        | Zip Code      | (Plus 4)              |
|  |                  |      | BANGOR          |         | PA    |        | 18013         |                       |
| Full Name of Contributor               |                  |      |                 | мо      | DAY   | YEAR   |               |                       |
| DAVID CERAUL                           |                  |      |                 | MU      | DAT   | TEAK   | \$            | 500.00                |
| Mailing Address                        |                  |      |                 | 0       | 27    | 2015   | 7             |                       |
| City BANGOR                            | State            | Zi   | p Code (Plus 4) | 8       | 2/    | 2015   | 1             |                       |
|  | <sub>PA</sub>    | 1 18 | 3013            |         |       |        | 1             |                       |
| Employer Name CERAUL LAW OFFICE        |                  |      |                 | Occupat | ion   | ATTORN | EY            |                       |
| Employer Mailing Address/Principal P   |                  |      | City            | 1       | State |        | Zip Code      | (Plus 4)              |
| pio you i talking Address/Fillicipal F | 3. 243633        |      | BANGOR          |         | PA    |        | 18013         | (. iuo <del>1</del> ) |
|  |                  |      |                 |         |       |        | 10015         |                       |

| Full Name of Contributor  |                     |     |                       |             |                    |                  |                         |           |
|---|---------------------|-----|-----------------------|-------------|--------------------|------------------|-------------------------|-----------|
| JOHN DETZI  |                     |     |                       | МО          | DAY                | YEAR             | \$                      | 500.00    |
| Mailing Address   |                     |     |                       |             |                    |                  | 1                       |           |
| City PEN ARGYLE   | State               | 7iı | p Code (Plus 4)       | 10          | 10                 | 2015             |                         |           |
| FEW ARGILL  | PA                  |     | 3072                  |             |                    |                  |                         |           |
| Employer Name DETZI TAVERN  | I FA I              | 10  | 0072                  | Occupat     | ion                | OWNER            | <u>'</u>                |           |
|   | a of Business       |     | City.                 | ТОссира     |                    | OWNER            | Zin Cada                | (Disc. 4) |
| Employer Mailing Address/Principal Plac   | ce of Business      |     | City                  |             | State              |                  | •                       | (Plus 4)  |
|   |                     |     | WIND GAP              | _           | PA                 |                  | 18091                   |           |
| Full Name of Contributor  |                     |     |                       | мо          | DAY                | YEAR             | <b> </b>                | 1,000.00  |
| WILLIAM BACHENBERY  |                     |     |                       |             |                    |                  | <b>_</b>                | 1,000.00  |
| Mailing Address   | Т                   |     |                       | 11          | 11                 | 2015             |                         |           |
| City ALLENTOWN  | State               | Zij | Code (Plus 4)         |             |                    |                  |                         |           |
|   | l PA l              | 18  | 3106                  |             |                    |                  | l                       |           |
| Employer Name LUSC  |                     |     |                       | Occupat     | ion                | OWNER            |                         |           |
| Employer Mailing Address/Principal Plac   | e of Business       |     | City                  |             | State              |                  | Zip Code                | (Plus 4)  |
|   |                     |     | COPLAY                |             | PA                 |                  |                         |           |
| Full Name of Contributor  |                     |     |                       |             |                    |                  |                         |           |
| MR. & MRS. ALBERT JINHS   |                     |     |                       | МО          | DAY                | YEAR             | \$                      | 500.00    |
| Mailing Address   |                     |     |                       |             | _                  |                  | 1                       |           |
| City EASTON   | State               | Zij | p Code (Plus 4)       | 6           | 3                  | 2015             |                         |           |
|   | <br>  <sub>PA</sub> |     | 3040                  |             |                    |                  |                         |           |
| Employer Name CENTURY 21  |                     |     | ,010                  | Occupat     | ion                | AGENT            | •                       |           |
| Employer Mailing Address/Principal Plac   | e of Rusiness       |     | City                  | Тоссири     | State              | AGLIVI           | Zin Code                | (Plus 4)  |
| Limployer Mailing Address/Fillicipal Plac   | e or business       |     | EASTON                |             | PA                 |                  | 18040                   | (Flus 4)  |
|   |                     |     | EASTON                |             | PA                 |                  | 18040                   |           |
| Full Name of Contributor  |                     |     |                       | мо          | DAY                | YEAR             | \$                      | 1,000.00  |
| MR. & MRS. ALBERT JINHS   |                     |     |                       |             |                    |                  | ļ <sup>*</sup>          | 1,000.00  |
| Mailing Address   | Ι                   |     |                       | 10          | 2                  | 2015             |                         |           |
| City EASTON   | State               | Zij | Code (Plus 4)         |             |                    |                  |                         |           |
|   | l pa l              | 18  | 3040                  |             |                    |                  | l                       |           |
| Employer Name CENTURY 21  |                     |     |                       | Occupat     | ion ,              | AGENT            |                         |           |
| Employer Mailing Address/Principal Plac   | e of Business       |     | City                  |             | State              |                  | Zip Code                | (Plus 4)  |
|   |                     |     | EASTON                |             | PA                 |                  | 18040                   |           |
| Full Name of Contributor  |                     |     |                       |             |                    |                  |                         |           |
| MR & MRS L. ANDERSON DAUB   |                     |     |                       | МО          | DAY                | YEAR             | \$                      | 300.00    |
| Mailing Address   |                     |     |                       | - 5         | 28                 | 2015             | 1                       |           |
| City EASTON   | State               | Zij | Code (Plus 4)         | ] 3         | 20                 | 2015             |                         |           |
|   |                     | 18  | 8040                  |             |                    |                  |                         |           |
|   | l pa l              |     |                       |             |                    |                  |                         |           |
| Employer Name BROWN DAUB  | I PA I              |     |                       | Occupat     | ion                | AUTO D           | EALER                   |           |
| Employer Name BROWN DAUB Employer Mailing Address/Principal Place   |                     |     | City                  | Occupat     | State              | AUTO D           |                         | (Plus 4)  |
|   |                     |     | -                     | Occupat     | State              | AUTO D           | Zip Code                | (Plus 4)  |
| Employer Mailing Address/Principal Plac   |                     |     | <b>City</b><br>EASTON | Occupat     | T                  | AUTO D           |                         | (Plus 4)  |
| Employer Mailing Address/Principal Place Full Name of Contributor   |                     |     | -                     | Occupat     | State              | YEAR             | Zip Code                | (Plus 4)  |
| Employer Mailing Address/Principal Place  Full Name of Contributor  MR & DATE: MRS L. ANDERSON DAUB                                   |                     |     | -                     |             | State<br>PA        |                  | Zip Code<br>18040       |           |
| Full Name of Contributor MR & DAUB Mailing Address  | e of Business       |     | EASTON                |             | State<br>PA        |                  | Zip Code<br>18040       |           |
| Employer Mailing Address/Principal Place  Full Name of Contributor  MR & DATE: MRS L. ANDERSON DAUB                                   | e of Business       |     | EASTON  Code (Plus 4) | МО          | State<br>PA<br>DAY | YEAR             | Zip Code<br>18040       |           |
| Employer Mailing Address/Principal Place  Full Name of Contributor  MR & DESCRIPTION  Mailing Address  City EASTON                    | e of Business       |     | EASTON                | <b>MO</b> 9 | State<br>PA<br>DAY | <b>YEAR</b> 2015 | 2ip Code<br>18040<br>\$ |           |
| Employer Mailing Address/Principal Place  Full Name of Contributor  MR & DAUB  Mailing Address  City EASTON  Employer Name BROWN DAUB | State               |     | p Code (Plus 4)       | МО          | State PA  DAY  15  | YEAR             | 18040<br>\$             | 1,000.00  |
| Employer Mailing Address/Principal Place  Full Name of Contributor  MR & DESCRIPTION  Mailing Address  City EASTON                    | State               |     | EASTON  Code (Plus 4) | <b>MO</b> 9 | State<br>PA<br>DAY | <b>YEAR</b> 2015 | 18040<br>\$             |           |

|  |                                       |     |               |         |          |         | _                     |             |
|--|---------------------------------------|-----|---------------|---------|----------|---------|-----------------------|-------------|
| Full Name of Contributor                 |                                       |     |               | мо      | DAY      | YEAR    | <br>  \$              | 1,000.00    |
| CHARLES CHRIN                            |                                       |     |               |         |          |         | <b>」</b> <sup>*</sup> | 1,000.00    |
| Mailing Address                          | · · · · · · · · · · · · · · · · · · · |     |               | 9       | 15       | 2015    | 1                     |             |
| City EASTON                              | State                                 | Zip | Code (Plus 4) |         |          |         |                       |             |
|  | l <sub>PA</sub>                       | 180 | )45           |         |          |         | 1                     |             |
| Employer Name CHARLES CHRIN CO.          |                                       |     |               | Occupat | ion      | OWNER   |                       |             |
| Employer Mailing Address/Principal Plac  | e of Business                         |     | City          |         | State    |         | Zip Code              | (Plus 4)    |
|  |                                       |     | EASTON        |         | PA       |         | 18045                 |             |
| Full Name of Contributor                 |                                       | -   |               |         | •        |         |                       |             |
| CHARLES CHRIN                            |                                       |     |               | МО      | DAY      | YEAR    | \$                    | 2,500.00    |
| Mailing Address                          |                                       |     |               |         |          |         | 1                     |             |
| City EASTON                              | State                                 | Zip | Code (Plus 4) | 9       | 22       | 2015    |                       |             |
| , = 10.01                                | l <sub>PA</sub>                       | 180 |               |         |          |         |                       |             |
| Employer Name CHARLES CHRIN CO.          | · i A                                 | 100 | J-13          | Occupat | ion      | OWNER   | •                     |             |
| Employer Mailing Address/Principal Place | o of Business                         | Т   | City          | Cecuput | State    | OWNER   | Zip Code              | (Plue 4)    |
| Employer Mailing Address/Frinicipal Plac | e of business                         |     | <u>-</u>      |         | 1        |         |                       | (Plus 4)    |
|  |                                       |     | EASTON        |         | PA       |         | 18045                 |             |
| Full Name of Contributor                 |                                       |     |               | мо      | DAY      | YEAR    | <br>  \$              | 500.00      |
| MR. & MRS RICHARD PRINCIPATO             |                                       |     |               |         |          |         | <b>↓</b> *            | 300.00      |
| Mailing Address                          |                                       |     |               | 9       | 25       | 2015    |                       |             |
| City EASTON                              | State                                 | Zip | Code (Plus 4) |         |          |         |                       |             |
|  | l <sub>PA</sub>                       | 180 | )45           |         |          |         | ļ                     |             |
| Employer Name TOWER PRODUCTS             |                                       |     |               | Occupat | ion      | EXECUT  | IVE                   |             |
| Employer Mailing Address/Principal Plac  | e of Business                         |     | City          |         | State    |         | Zip Code              | (Plus 4)    |
|  |                                       |     | EASTON        |         | PA       |         | 18045                 |             |
| Full Name of Contributor                 |                                       |     |               |         |          |         |                       |             |
| RICHARD WEAVER                           |                                       |     |               | МО      | DAY      | YEAR    | \$                    | 300.00      |
| Mailing Address                          |                                       |     |               |         |          | 2015    | 7                     |             |
| City NAZARETH                            | State                                 | Zip | Code (Plus 4) | 6       | 2        | 2015    |                       |             |
|  | l <sub>PA</sub>                       | 180 | 064           |         |          |         |                       |             |
| Employer Name WEAVER CHIROPRACT          | TIC CTR.                              |     |               | Occupat | ion      | CHIROP  | RACTOR                |             |
| Employer Mailing Address/Principal Place |                                       |     | City          |         | State    |         | Zip Code              | (Plus 4)    |
|  |                                       |     | BANGOR        |         | PA       |         | 18013                 | (1.120.1)   |
|  |                                       |     | BANGOR        |         | 117      |         | 10013                 |             |
| Full Name of Contributor                 |                                       |     |               | мо      | DAY      | YEAR    | <b> </b> \$           | 210.00      |
| RICHARD WEAVER                           |                                       |     |               |         |          |         |                       |             |
| Mailing Address                          | CL-1-                                 |     | Code (Disc 4) | 6       | 24       | 2015    |                       |             |
| City NAZARETH                            | State                                 | -   | Code (Plus 4) |         |          |         |                       |             |
|  | I PA I                                | 180 | )64           |         | _        |         | 1                     |             |
| Employer Name WEAVER CHIROPRACT          |                                       |     |               | Occupat | 1        | CHIROP  | RACTOR                |             |
| Employer Mailing Address/Principal Plac  | e of Business                         |     | City          |         | State    |         | Zip Code              | (Plus 4)    |
|  |                                       |     | BANGOR        |         | PA       |         | 18013                 |             |
| Full Name of Contributor                 |                                       |     |               | МО      | DAY      | YEAR    |                       | 500.00      |
| MR & MRS. SAMUEL SAFTON                  |                                       |     |               |         |          | LAIN    | \$                    | 500.00      |
| Mailing Address                          |                                       |     |               | 10      | 19       | 2015    | 1                     |             |
| City ALLENTOWN                           | State                                 | Zip | Code (Plus 4) |         |          |         |                       |             |
|  | PA                                    | 181 | 104           |         | <u> </u> |         | <u> </u>              |             |
| Employer Name CEDAR HILL MEMORIA         | AL PK.                                |     |               | Occupat | ion      | CCE, CH | IAIRMAN               | OF THE BOAR |
| Employer Mailing Address/Principal Plac  | e of Business                         |     | City          |         | State    |         | Zip Code              | (Plus 4)    |
| _  |                                       |     | ALLENTOWN     |         | PA       |         |                       |             |
| 1  |                                       |     |               |         | 1        |         |                       |             |

| F 11 N  |   |                 |                         |                         |             |               |                  |          |                         |  |
|---|---|-----------------|-------------------------|-------------------------|-------------|---------------|------------------|----------|-------------------------|--|
| Full Nar  | me of Contributor                         |                 |                         |                         | мо          | DAY           | YEAR             | <b> </b> | 1,000.00                |  |
| MR &an  | mp; MRS. JOHN MALLOY                      |                 |                         |                         |             |               |                  | ] *      | 1,000.00                |  |
| Mailing   | Address                                   |                 |                         |                         | 10          | 2             | 2015             |          |                         |  |
| City  | BETHLEHEM                                 | State           | State Zip Code (Plus 4) |                         |             |               | 2013             | 1        |                         |  |
|   |   | l <sub>PA</sub> | PA 18015                |                         |             |               |                  |          |                         |  |
| Employer Name VICTAULIC                                   |   |                 |                         |                         | Occupat     | ion           |                  |          |                         |  |
| Employer Mailing Address/Principal Place of Business City |   |                 |                         |                         |             | State         |                  |          | Zip Code (Plus 4)       |  |
| EASTON  |   |                 |                         |                         |             | PA            |                  | 18040    |                         |  |
|   |   |                 |                         |                         |             |               |                  |          |                         |  |
| Full Nar  | me of Contributor                         |                 |                         | -                       | МО          | DAY           | VEAD             |          |                         |  |
|   | me of Contributor<br>np; MRS. JOHN MALLOY |                 |                         |                         | МО          | DAY           | YEAR             | \$       | 1,000.00                |  |
| MR &an  |   |                 |                         |                         |             |               |                  | \$       | 1,000.00                |  |
| MR &an  | mp; MRS. JOHN MALLOY                      | State           | Zi                      | p Code (Plus 4)         | <b>MO</b> 9 | <b>DAY</b> 13 | <b>YEAR</b> 2015 | \$       | 1,000.00                |  |
| MR &an  | mp; MRS. JOHN MALLOY  Address             | State<br>PA     |                         | p Code (Plus 4)<br>3015 |             |               |                  | \$       | 1,000.00                |  |
| MR &an Mailing City                                       | mp; MRS. JOHN MALLOY  Address             |                 |                         | . ,                     |             | 13            |                  | \$       | 1,000.00                |  |
| MR &an Mailing City Employe                               | mp; MRS. JOHN MALLOY  Address  BETHLEHEM  | PA              |                         | . ,                     | 9           | 13            |                  |          | 1,000.00<br>de (Plus 4) |  |

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

**PAGE TOTAL**\$ 20,210.00

### 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              |                | Report  | ing Peri | od  |      |            |
|---------------------------|---------------------------|----------------|---------|----------|-----|------|------------|
|                           |                           |                | From:   |          |     | To:  |            |
|                           |                           |                |         | D        | ATE |      | AMOUNT     |
| Full Name                 |                           |                |         | мо       | DAY | YEAR | \$<br>0.00 |
| Mailing Address           |                           |                |         |          |     |      |            |
| City                      | State                     | Zip Code (I    | Plus 4) |          |     |      |            |
| Receipt Description       | •                         | •              |         |          | •   | •    |            |
| Futor Count Total of Boot | Fan Cabadula I Batailad   | I Comment Base | Castian | 4        |     |      | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | Summary Page,  | Section | 4.       |     |      | \$<br>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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO  | From:          | <u>11/24/2015</u> <b>To:</b> | 12/31/2015 |
| 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)      | \$                           | 600.00     |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                |                              |            |
| TOTAL for the Reporting Pe   | eriod (3)      | \$                           | 350.00     |
| 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, 1 |                | \$                           | 950.00     |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Cand | Reporting Period   |                  |       |      |                 |          |           |
|----------------------------------|--------------------|------------------|-------|------|-----------------|----------|-----------|
| EMRICK, JOE COMMITTEE TO EL      | ECT C/O TRES. JOAN | IN CARDELLO      | From: | 11/  | <u>/24/2015</u> | То:      | 12/31/201 |
|                                  |                    | DATE             |       |      | AMOUNT          |          |           |
| Full Name of Contributor         |                    |                  | МО    | DAY  | YEAR            |          |           |
| CARL TOLINO                      |                    |                  | 1.10  | 2711 | 1 = 1111        | <b> </b> | 200.00    |
| Mailing Address                  |                    |                  | 6     | 12   | 2015            | ]        | 200.00    |
| City BANGOR                      | State              | Zip Code (Plus 4 | )     |      |                 |          |           |
|                                  | PA                 | 18013            |       |      |                 |          |           |
| Description of Contribution: GA  | AS GIFT CARD       | •                | •     | '    | •               |          |           |
| Full Name of Contributor         |                    |                  | МО    | DAY  | YEAR            |          |           |
| TONY FARDA                       |                    |                  | MO    | DAT  | TEAR            | \$       | 200.00    |
| Mailing Address                  |                    |                  | 6     | 12   | 2015            | ] *      | 200.00    |
| City TANNERSVILLE                | State              | Zip Code (Plus 4 | )     |      |                 |          |           |
|                                  | PA                 | 18372            |       |      |                 |          |           |
| Description of Contribution: 20  | 00.00 GOLF         | !                |       | l    |                 |          |           |
| Full Name of Contributor         |                    |                  | МО    | DAY  | YEAR            |          |           |
| RINA HAWK                        |                    |                  | MO    | DAI  | ILAK            | \$       | 200.00    |
| Mailing Address                  |                    |                  | 6     | 12   | 2015            | ] *      | 200.00    |
| City EASTON                      | State              | Zip Code (Plus 4 |       |      |                 |          |           |
|                                  | PA                 | 18045            |       |      |                 |          |           |
| Description of Contribution: GI  | FT CARD            | <u> </u>         | •     | •    | •               |          |           |
|                                  |                    |                  |       |      |                 |          |           |

600.00

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

Name of Filing Committee or Candidate

EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO

From: 11/24/2015 To: 12/31/2015

|                   |                  |                           | мо                    | DAY              | YEAR  |  |
|-------------------|------------------|---------------------------|-----------------------|------------------|---|--|
|                   |                  |                           |                       |                  |   | 1  |
|                   |                  |                           |                       |                  |   | 250.00   |
|                   |                  |                           | 6                     | 12               | 2015  | \$ 350.00  |
| tate              | Zip Code(Plus 4) |                           |                       |                  |   |  |
| Α                 | 18372            |                           |                       |                  |   |  |
| LTH OF PA         |                  | <u> </u>                  | Occupat               | tion SE          | NATOR   |  |
| of Business Cit   | ty               | State                     | Zip (                 | Code(Plus 4)     | Descrip                                       | ption of Contribution  |
|                   |                  |                           |                       |                  | GIFT C  | CERTIFICATE GREAT  |
| ule II. In-Kind ( | Contributions De | etaileo                   | d .                   |                  |   | PAGE TOTAL   |
| a.c,              | 20               | - cance                   | •                     |                  |   | 350.00   |
| L                 | TH OF PA         | TH OF PA  f Business City | TH OF PA  City  State | TH OF PA Occupat | TH OF PA Occupation SE State Zip Code(Plus 4) | TH OF PA  THOF PA  TH |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                   | Reporting | Period     |     |            |
|---|-----------|------------|-----|------------|
| EMRICK, JOE COMMITTEE TO ELECT C/O TRES. JOANN CARDELLO | From      | 11/24/2015 | То: | 12/31/2015 |

|  |             |       |                            | DATE                       | AMOUNT      |          |        |        |  |
|--|-------------|-------|----------------------------|----------------------------|-------------|----------|--------|--------|--|
| To Whom Paid                                 |             |       |                            | МО                         | DAY         | YEAR     |        |        |  |
| FRANKLIN HIL                                 | L VINEYARDS |       |                            | 140                        |             | TEAK     |        |        |  |
| Mailing Address                              |             |       |                            | 6                          | 12          | 2015     | \$     | 400.00 |  |
| <b>City</b> BANGO                            | )R          | State | Zip Code (Plus 4)          | Descript                   | tion of Exp | enditure |        |        |  |
|  |             | PA    | 18013                      | FUNDRA                     | AISER       |          |        |        |  |
| To Whom Paid                                 |             |       |                            | мо                         | DAY         | YEAR     |        |        |  |
| BEST AUTHEN                                  | TICS        |       |                            | 140                        |             | TEAK     |        |        |  |
| Mailing Address                              |             |       |                            | 6                          | 20          | 2015     | \$     | 390.00 |  |
| City CAMP HILL State                         |             |       | Zip Code (Plus 4)          | Description of Expenditure |             |          |        |        |  |
| PA 17011                                     |             |       |                            | ITEMS FOR SILENT AUCTION   |             |          |        |        |  |
| To Whom Paid                                 |             |       |                            | мо                         | DAY         | YEAR     |        |        |  |
| HRCC   |             |       |                            | 140                        |             | TEAK     |        |        |  |
| Mailing Address                              |             |       | 5                          | 28                         | 2015        | \$       | 100.00 |        |  |
| City HARRISBURG State Zip Code (Plus 4)      |             |       | Description of Expenditure |                            |             |          |        |        |  |
|  |             | PA    | 17108                      | DONATION                   |             |          |        |        |  |
| To Whom Paid                                 |             |       |                            | мо                         | DAY         | YEAR     |        |        |  |
| BLUE VALLEY FARM SHOW                        |             |       |                            | 140                        |             | TEAK     |        |        |  |
| Mailing Address                              |             |       |                            | 7                          | 14          | 2015     | \$     | 40.00  |  |
| City BANGO                                   | )R          | State | Zip Code (Plus 4)          | Description of Expenditure |             |          |        |        |  |
|  |             | PA    | 18013                      | AD                         |             |          |        |        |  |
| To Whom Paid                                 |             |       |                            | мо                         | DAY         | YEAR     |        |        |  |
| LEHIGH VALLEY POSTAL STORE                   |             |       |                            | 110                        |             | i Zaux   |        |        |  |
| Mailing Address                              |             |       |                            | 9                          | 1           | 2015     | \$     | 245.00 |  |
| City BETHLI                                  | EHEM        | State | Zip Code (Plus 4)          | Descript                   | tion of Exp | enditure |        |        |  |
|  |             | PA    | 18017                      | STAMPS                     | 5           |          |        |        |  |
| To Whom Paid                                 |             |       |                            | МО                         | DAY         | YEAR     |        |        |  |
| SAMS CLUB                                    |             |       |                            | 1.10                       |             | I LAIX   |        |        |  |
| Mailing Address                              |             |       |                            | 9                          | 4           | 2015     | \$     | 215.40 |  |
| City (WILSON) EASTON State Zip Code (Plus 4) |             |       | Description of Expenditure |                            |             |          |        |        |  |
|  |             | PA    | 18045                      | CANDY FOR PARADE           |             |          |        |        |  |
| 177   15015                                  |             |       |                            | -                          |             |          |        |        |  |

|  |              |                         |                            |                                    |                            |          |        | OL ZJ    |  |
|--|--------------|-------------------------|----------------------------|------------------------------------|----------------------------|----------|--------|----------|--|
| To Whom Paid                           |              |                         |                            |                                    | DAY                        | YEAR     |        |          |  |
| STAPLES                                |              |                         |                            |                                    |                            |          |        |          |  |
| Mailing Address                        |              |                         |                            |                                    |                            |          | \$     | 114.48   |  |
| City                                   | EASTON       | State                   | Zip Code (Plus 4)          | Descrip                            | tion of Exp                | enditure |        |          |  |
|  |              | PA                      | 18045                      |                                    |                            |          |        |          |  |
| To Whom Paid                           |              |                         |                            | МО                                 | DAY                        | YEAR     |        |          |  |
| VIVID IMPRESSIONS                      |              |                         |                            |                                    |                            |          |        |          |  |
| Mailing Address                        |              |                         |                            | 9                                  | 23                         | 2015     | \$     | 79.50    |  |
| City BETHLEHEM State Zip Code (Plus 4) |              |                         | Description of Expenditure |                                    |                            |          |        |          |  |
|  |              | PA                      | 18020                      |                                    |                            |          |        |          |  |
| To Wh                                  | om Paid      |                         |                            | мо                                 | DAY                        | YEAR     |        |          |  |
| HUMA                                   | N SPRINGS    |                         |                            | ПО                                 |                            | 1 Z/IIX  |        |          |  |
| Mailin                                 | g Address    |                         |                            | 1                                  | 10                         | 2015     | \$     | 266.69   |  |
| City                                   | WESCOSVILLE  | State                   | Zip Code (Plus 4)          | Description of Expenditure         |                            |          |        |          |  |
|  |              | PA                      | 18106                      |                                    |                            |          |        |          |  |
| To Wh                                  | om Paid      |                         |                            | мо                                 | DAY                        | YEAR     |        |          |  |
| HRCC                                   |              |                         |                            | 1-10                               |                            | I Z/IIX  |        |          |  |
| Mailin                                 | g Address    |                         |                            | 1                                  | 28                         | 2015     | \$     | 250.00   |  |
| City                                   | HARRISBURG   | State                   | Zip Code (Plus 4)          | Description of Expenditure         |                            |          |        |          |  |
|  |              | PA                      | 17108                      | RETREAT                            |                            |          |        |          |  |
| To Whom Paid                           |              |                         |                            | МО                                 | DAY                        | YEAR     |        |          |  |
| USPS                                   |              |                         |                            | 1-10                               |                            | I Z/IIX  |        |          |  |
| Mailin                                 | g Address    |                         |                            | 5                                  | 15                         | 2015     | \$     | 245.00   |  |
| City                                   | NAZARETH     | State                   | Zip Code (Plus 4)          | Description of Expenditure         |                            |          |        |          |  |
| PA 18064                               |              |                         |                            | STAMPS                             |                            |          |        |          |  |
| To Whom Paid                           |              |                         |                            | МО                                 | DAY                        | YEAR     |        |          |  |
| TPS                                    |              |                         |                            |                                    |                            |          |        |          |  |
| Mailing Address                        |              |                         | 5                          | 28                                 | 2015                       | \$       | 175.22 |          |  |
| City                                   | WEST CHESTER | State                   | Zip Code (Plus 4)          | Description of Expenditure         |                            |          |        |          |  |
|  |              | PA                      |                            | VINEYARD INV.                      |                            |          |        |          |  |
| To Wh                                  | om Paid      |                         |                            | МО                                 | DAY                        | YEAR     |        |          |  |
| DWK CONSULTING                         |              |                         |                            |                                    |                            |          |        |          |  |
| Mailing Address                        |              |                         |                            | 5                                  | 6                          | 2015     | \$     | 1,166.86 |  |
| City                                   | DILLSBURG    | State                   | Zip Code (Plus 4)          | Descrip                            | tion of Exp                | enditure |        |          |  |
| PA 17019                               |              |                         |                            | MAILING                            |                            |          |        |          |  |
| To Whom Paid                           |              |                         |                            | МО                                 | DAY                        | YEAR     |        |          |  |
| CABELAS VISA - FOR STOCKSON SECOND     |              |                         |                            |                                    |                            |          |        |          |  |
| Mailing Address                        |              |                         |                            |                                    |                            |          | \$     | 449.50   |  |
| City                                   |              | State Zip Code (Plus 4) |                            |                                    | Description of Expenditure |          |        |          |  |
|  |              |                         |                            | REIMBURSEMENT FUNDRAISER BREAKFAST |                            |          |        |          |  |
| i i                                    |              |                         | ,1                         |                                    |                            |          |        |          |  |

|  |  |       |                   |                            |             |          |            | FAGL 26  |
|--|--|-------|-------------------|----------------------------|-------------|----------|------------|----------|
| To Whom Paid   |  |       |                   | мо                         | DAY         | YEAR     |            |          |
| CAPOZZOLA BROS. SLATE CO.  |  |       |                   | 1-10                       |             | 12/11    |            |          |
| Mailing Address  |  |       |                   |                            |             |          | \$         | 79.50    |
| City   | BANGOR                                 | State | Zip Code (Plus 4) | Description of Expenditure |             |          |            |          |
|  |  | PA    | 18013             | CLOCK                      | TO DONAT    | E HRCC   |            |          |
| To Whom Paid   |  |       |                   | Mo                         | DAY         | YEAR     |            |          |
| JASON ERCOLE   |  |       |                   | МО                         | DAT         | TEAR     |            |          |
| Mailing Address  |  |       |                   |                            |             |          | \$         | 119.40   |
| City   | BERWYN                                 | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | l          |          |
| PA   |  |       | 19312             | TICKETS                    |             |          |            |          |
| To Whom Paid BLUE EVENT CENTER   |  |       |                   | мо                         | DAY         | YEAR     |            |          |
| Mailing  | Address                                |       |                   | 10                         | 8           | 2015     | \$         | 1,233.90 |
| City   | City BETHLEHEM State Zip Code (Plus 4) |       |                   | Description of Expenditure |             |          |            |          |
|  |  | PA    | 18020             | FUNDRAISER                 |             |          |            |          |
| To Whom Paid   |  |       |                   | мо                         | DAY         | YEAR     |            |          |
| SAMS   | CLUB                                   |       |                   | 1-10                       |             | 12/11    |            |          |
| Mailing Address  |  |       |                   | 10                         | 16          | 2015     | \$         | 55.04    |
| City         EASTON         State         Zip Code (Plus 4)           PA         18045 |  |       | Zip Code (Plus 4) | Description of Expenditure |             |          |            |          |
|  |  |       | CANDY FOR PARADE  |                            |             |          |            |          |
| To Who   | om Paid                                |       |                   | мо                         | DAY         | YEAR     |            |          |
| HRCC   |  |       |                   | МО                         |             | ILAK     |            |          |
| Mailing Address  |  |       |                   | 12                         | 15          | 2015     | \$         | 255.00   |
| City HARRISBURG State Zip Code (Plus 4)  |  |       | Descrip           | tion of Exp                |             |          |            |          |
|  |  | PA    | 17101             | DONAT                      | ION         |          |            |          |
| Enter Grand Total of Evnenditures on Dage 1. Depart Cover Dage 1. Terra D.             |  |       |                   |                            |             |          | PAGE TOTAL |          |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.                |  |       |                   |                            | \$          | 5,880.49 |            |          |
|  |  |       |                   |                            |             |          |            |          |