

Campaign Finance Report

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

Filer Identification Number :		20160178		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ERNEST LEMONCELLI												
Street Address: PO BOX 2												
City: ARCHBALD						State: PA			Zip Code: 18403			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	112	STH	REP	35
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	25	2016		11	28	2016				
A. Amount Brought Forward From Last Report						\$ 17,352.99						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,575.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 19,927.99						
D. Total Expenditures (From Schedule III)						\$ 18,642.74						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,285.25						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 425.15						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 18,400.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ERNEST LEMONCELLI	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 61.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 575.00
TOTAL for the Reporting Period (2)	\$ 575.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,636.00
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PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ERNEST LEMONCELLI	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE	AMOUNT
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Full Name of Contributor EDWARD BARRETT			MO	DAY	YEAR	\$ 100.00
Mailing Address 966 N. RUSTIC CIRCLE			11	1	2016	
City DALLAS	State TX	Zip Code (Plus 4) 75218				

Full Name of Contributor MARK DELEO			MO	DAY	YEAR	\$ 150.00
Mailing Address 747 PLEASANT AVENUE			10	31	2016	
City PECKVILLE	State PA	Zip Code (Plus 4) 18452				

Full Name of Contributor				MO	DAY	YEAR	\$ 75.00
THOMAS FOY							
Mailing Address				10	28	2016	
1573 LAYTON RD		City	State				Zip Code (Plus 4)
SCOTT TOWNSHIP		PA	18447				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
MARIE SCHUMACHER							
Mailing Address 1799 E. MOUNTAIN ROAD				10	27	2016	
City SCRANTON		State PA	Zip Code (Plus 4) 18505				

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

PAGE TOTAL
\$ 575.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate FRIENDS OF ERNEST LEMONCELLI	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
BERNARD FAGNANI							
Mailing Address 23 BLYTH DRIVE				10	27	2016	\$ 1,000.00
City	PECKVILLE	State	PA				
Employer Name BERNARD FAGNANI INVESTMENT ADVISORS				Occupation CPA			
Employer Mailing Address/Principal Place of Business 102 SPARTON DR				City THROOP		State PA	Zip Code (Plus 4) 18512

Full Name of Contributor				MO	DAY	YEAR	
DOROTHY MINELLI							
Mailing Address 1531 UPPER FORDS POND RD				11	7	2016	\$ 1,000.00
City	CLARKS SUMMIT	State	PA				
Employer Name MINELLIS COZY COMFORT LIVING				Occupation NURSE			
Employer Mailing Address/Principal Place of Business 1640 N MAIN AVE				City SCRANTON		State PA	Zip Code (Plus 4) 18508

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

PAGE TOTAL
\$ 2,000.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF ERNEST LEMONCELLI		From: <u>10/25/2016</u> To: <u>11/28/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 425.15
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 425.15

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate FRIENDS OF ERNEST LEMONCELLI	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
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				DATE	AMOUNT		
Full Name of Contributor HRCC				MO	DAY	YEAR	\$ 425.15
Mailing Address P.O. BOX 11787				11	10	2016	
City HARRISBURG	State PA	Zip Code(Plus 4) 17108					
Employer of Contributor N/A				Occupation N/A			
Employer Mailing Address/Principal Place of Business N/A		City	State	Zip Code(Plus 4)		Description of Contribution ADVERTISING	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 425.15

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ERNEST LEMONCELLI	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT
To Whom Paid DOLLAR GENERAL	MO	DAY	YEAR	\$ 11.66
Mailing Address 203 S WASHINGTON AVE	11	3	2016	
City JERMYN	State PA	Zip Code (Plus 4) 18433	Description of Expenditure OFFICE SUPPLIES	
To Whom Paid FRIENDS OF LACKAWANNA	MO	DAY	YEAR	\$ 82.11
Mailing Address 201 S. BLAKELY ST.	11	4	2016	
City DUNMORE	State PA	Zip Code (Plus 4) 18512	Description of Expenditure	
To Whom Paid ERNEST LEMONCELLI	MO	DAY	YEAR	\$ 282.77
Mailing Address 738 CHESNUT ST.	11	16	2016	
City EYNON	State PA	Zip Code (Plus 4) 18403	Description of Expenditure TRAVEL, POSTAGE, FOOD	
To Whom Paid TRACFONE	MO	DAY	YEAR	\$ 21.03
Mailing Address 9700 NW 112TH AVE	11	17	2016	
City MIAMI	State FL	Zip Code (Plus 4) 33178	Description of Expenditure CELL PHONE	
To Whom Paid U2 - WEB, LLC	MO	DAY	YEAR	\$ 10.00
Mailing Address 2774 N. COBB PKWY	11	25	2016	
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE	

To Whom Paid USPS			MO	DAY	YEAR	\$ 22.95
Mailing Address 1 KENNEDY DRIVE			10	25	2016	
City ARCHBOLD	State PA	Zip Code (Plus 4) 18403	Description of Expenditure POSTAGE			
To Whom Paid RED MAVERICK			MO	DAY	YEAR	\$ 142.60
Mailing Address 403 N. SECOND STREET			10	25	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17104	Description of Expenditure DIRECT MAILING			
To Whom Paid U2 - WEB, LLC			MO	DAY	YEAR	\$ 10.00
Mailing Address 2774 N. COBB PKWY			10	25	2016	
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE			
To Whom Paid EASTERN WOK			MO	DAY	YEAR	\$ 30.89
Mailing Address 18 KENNEDY DRIVE			10	31	2016	
City ARCHBALD	State PA	Zip Code (Plus 4) 18403	Description of Expenditure MEALS			
To Whom Paid FACEBOOK			MO	DAY	YEAR	\$ 185.00
Mailing Address 1 HACKER WAY			10	31	2016	
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING			
To Whom Paid ENTERCOMM			MO	DAY	YEAR	\$ 3,258.21
Mailing Address 305 HIGHWAY 315			11	1	2016	
City PITTSTON	State PA	Zip Code (Plus 4) 18640	Description of Expenditure ADVERTISING			

To Whom Paid COMMUNITY NEWSPAPER GROUP			MO	DAY	YEAR	
Mailing Address PO BOX 3478			11	1	2016	
City SCRANTON	State PA	Zip Code (Plus 4) 18505	Description of Expenditure ADVERTISING			

To Whom Paid PAYPAL			MO	DAY	YEAR	
Mailing Address 221 NORTH 1ST STREET			11	1	2016	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure PROCESSING FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,525.34

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate FRIENDS OF ERNEST LEMONCELLI				Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>			
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DATE						Outstanding Balance of Debt		
Name of Creditor ERNEST LEMONCELLI					MO	DAY	YEAR	\$ 300.00
Mailing Address 738 CHESTNUT ST					5	23	2016	
City EYNON	State PA		Zip Code (Plus 4) 18403		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor ERNEST LEMONCELLI					MO	DAY	YEAR	\$ 1,000.00
Mailing Address 738 CHESTNUT ST					6	6	2016	
City EYNON	State PA		Zip Code (Plus 4) 18403		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor ERNEST LEMONCELLI					MO	DAY	YEAR	\$ 900.00
Mailing Address 738 CHESTNUT ST					8	16	2016	
City EYNON	State PA		Zip Code (Plus 4)		Description of Debt LOAN			

DATE						Outstanding Balance of Debt		
Name of Creditor ERNEST LEMONCELLI					MO	DAY	YEAR	\$ 200.00
Mailing Address 738 CHESTNUT ST					9	15	2016	
City EYNON	State PA		Zip Code (Plus 4)		Description of Debt LOAN			

				DATE			Outstanding Balance of Debt
Name of Creditor ERNEST LEMONCELLI				MO	DAY	YEAR	\$ 16,000.00
Mailing Address 738 CHESTNUT ST				10	24	2016	
City EYNON	State PA	Zip Code (Plus 4) 18403	Description of Debt LOAN				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 18,400.00