

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 ✓		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ERNEST LEMONCELLI												
Street Address: P.O. 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.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE			PAPER ✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	27	2018		4	30	2018				
A. Amount Brought Forward From Last Report					\$ 795.68							
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 596.80							
C. Total Funds Available (Sum Of Lines A and B)					\$ 1,392.48							
D. Total Expenditures (From Schedule III)					\$ 635.18							
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 757.30							
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 700.00							
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>3/27/2018</u> To: <u>4/30/2018</u>

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

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)	\$ 546.80
TOTAL for the Reporting Period (2)	\$ 546.80

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

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

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 596.80
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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

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 FRIENDS OF ERNEST LEMONCELLI	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$96.80
ROBERT SNYDER						
Mailing Address			4	13	2018	
34311 BROWNELL LANE						
City	State	Zip Code (Plus 4)				
ROUND HILL	VA	20141				

Full Name of Contributor JEANETTE MILLER			MO	DAY	YEAR	\$ 200.00
Mailing Address 110 BUTTONWOOD ST			3	5	2018	
City JESSUP	State PA	Zip Code (Plus 4) 18434				

Full Name of Contributor MARK & LISA DELEO			MO	DAY	YEAR	\$ 250.00
Mailing Address 747 PLEASANT AVENUE			4	16	2018	
City PECKVILLE	State PA	Zip Code (Plus 4) 18452				

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

PAGE TOTAL
\$ 546.80

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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			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 E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE	AMOUNT	
Full Name			MO	DAY	
Mailing Address			YEAR	\$ 0.00	
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>3/27/2018</u> To: <u>4/30/2018</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)		\$	700.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	700.00

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>3/27/2018</u> To: <u>4/30/2018</u>			
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				DATE	AMOUNT
Full Name of Contributor HRCC				MO	DAY
Mailing Address P.O. BOX 11787				4	27
City HARRISBURG	State PA	Zip Code(Plus 4) 17108	YEAR 2018		
Employer of Contributor DATA AND LISTS				Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL 700.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ERNEST LEMONCELLI	From <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE				AMOUNT
To Whom Paid EYNON ARCHBALD LIONS CLUB	MO	DAY	YEAR	
Mailing Address PO BOX 65	1	3	2018	\$ 200.00
City ARCHBALD	State PA	Zip Code (Plus 4) 18403	Description of Expenditure DONATION	
To Whom Paid U2-WEB	MO	DAY	YEAR	
Mailing Address 2774 N. COBB PKWY	1	23	2018	\$ 20.00
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE	
To Whom Paid EXPEDIA - RED LION	MO	DAY	YEAR	
Mailing Address 4751 LINOLE RD	1	24	2018	\$ 132.50
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure TRAVEL	
To Whom Paid U2-WEB	MO	DAY	YEAR	
Mailing Address 2774 N. COBB PKWY	2	23	2018	\$ 10.00
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE	
To Whom Paid HRCC	MO	DAY	YEAR	
Mailing Address DEPARTMENT OF STATE	3	7	2018	\$ 100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure FILING FEE	

To Whom Paid STAPLES			MO	DAY	YEAR	
Mailing Address 951 VIEWMONT DRIVE			2	15	2018	
City DICKSON CITY	State PA	Zip Code (Plus 4) 18519	Description of Expenditure SUPPLIES			
To Whom Paid U2-WEB			MO	DAY	YEAR	
Mailing Address 4751 N. COBB PKWY			3	23	2018	
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE			
To Whom Paid ON STREET METERS			MO	DAY	YEAR	
Mailing Address			3	5	2018	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure PARKING			
To Whom Paid VISTA PRINT			MO	DAY	YEAR	
Mailing Address 8 HUDSONWEG VENIO THE NETHERLAND 5928LW			3	6	2018	
City	State	Zip Code (Plus 4)	Description of Expenditure BUSINESS CARDS			
To Whom Paid U2-WEB			MO	DAY	YEAR	
Mailing Address 4751 N. COBB PKWY			4	9	2018	
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE			
To Whom Paid U2-WEB			MO	DAY	YEAR	
Mailing Address 4751 N. COBB PKWY			4	23	2018	
City KENNESAW	State GA	Zip Code (Plus 4) 30144	Description of Expenditure WEB PAGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 635.18

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				Reporting Period			
FRIENDS OF ERNEST LEMONCELLI				From: <u>3/27/2018</u> To: <u>4/30/2018</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor ERNEST LEMONCELLI				MO	DAY	YEAR	
Mailing Address 738 CHESTNUT ST				12	31	2017	\$ 18,400.00
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