

Campaign Finance Report

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

| | | | | | | | | | | | |
|---|--------------------------|-------------------|-------------------------|-----------------------------|------------------|---|---|------------------------------|---------------------|------------|-------------------------------------|
| Filer Identification Number : 2003296 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | | | | | | | | | | | |
| Street Address: P.O. BOX 121 | | | | | | | | | | | |
| City: TANNERSVILLE | | | | State: PA | | Zip Code: 18372 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. X | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. | Year 2018 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | | DISKETTE | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | MO | DAY | YEAR | 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 | | |
| | | 5 | 1 | 2018 | | 6 | 4 | 2018 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 147,395.09 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 10,250.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 157,645.09 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 1,232.20 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 156,412.89 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ 1,220.70 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ 0.00 | | | | | | |

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 450.00 |

| | |
|--|-----------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 250.00 |
| All Other Contributions (Part B) | \$ 300.00 |
| TOTAL for the Reporting Period (2) | \$ 550.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 8,650.00 |
| All Other Contributions (Part D) | \$ 600.00 |
| TOTAL for the Reporting Period (3) | \$ 9,250.00 |

| | |
|--|---------|
| 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.) | \$ 10,250.00 |
|---|--------------|

PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

| | | | |
|--|--|-------------|---------------|
| Name of Filing Committee or Candidate EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | |
|--|------------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PA FRATERNAL ORDER OF POLICE | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2949 N. FRONT ST. | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 250.00 |

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|----------|-------|----|-------------------|-------|------|-----------|
| JIN ZU ZHONG | | | | | | | |
| Mailing Address | | | | 5 | 18 | 2018 | |
| 525 S NEW ST. | | | | | | | |
| City | NAZARETH | State | PA | Zip Code (Plus 4) | 18064 | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor MR & MRS. SHELDON KOEHLER | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 266 TREELINE DR. | | | 5 | 18 | 2018 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | |

| | | | | | | | |
|--|----------|-------------------------|--|----|-----|------|-----------|
| Full Name of Contributor RONALD SCHAGEL | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 622 JAMES ST. | | | | 5 | 18 | 2018 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 300.00 |

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 |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

| | | | | DATE | | AMOUNT | |
|--|----------|-------------------------|--|------|-----|--------|-----------|
| Full Name of Contributing Committee PA OPTOMETRIC PAC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 218 NORTH ST. | | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee HAPAC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 30 NORTH THIRD ST SUITE 600 | | | | 5 | 30 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee CHAMBER PAC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 417 WALNUT ST. | | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee PA ASSOC. OF PRIVATE SCHOOL ADMIN PAC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 224 PINE ST. | | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee B&B PAC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 4075 LINGLESTOWN RD. | | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17112 | | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| CPA PAC | | | 5 | 18 | 2018 | |
| Mailing Address 500 N. 3RD ST. SUITE 600A | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| THE PA INSURANCE PAC | | | 5 | 18 | 2018 | |
| Mailing Address 1600 MARKET ST. STE 1720 | | | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | | | | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| PA MEDICAL PAC | | | 5 | 18 | 2018 | |
| Mailing Address P.O. BOX 8820 | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17105 | | | | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| EXELON PAC | | | 5 | 18 | 2018 | |
| Mailing Address 101 CONSTITUTION AVE. NW SUITE 400 E. | | | | | | |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20001 | | | | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| BIKE PAC | | | 5 | 18 | 2018 | |
| Mailing Address PO BOX 564 | | | | | | |
| City MECHANICSBURG | State PA | Zip Code (Plus 4) 17055 | | | | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 300.00 |
| PAA PAC | | | 5 | 18 | 2018 | |
| Mailing Address 1925 N. FRONT ST. PO BOX 2955 | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17105 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee HIGHMARK PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 1800 CENTER ST. | | | 5 | 18 | 2018 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 17089 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee FIRST ENERGY PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 76 S. MAIN ST. | | | 5 | 18 | 2018 | |
| City AKRON | State OH | Zip Code (Plus 4) 44308 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PECO PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2301 MARKET ST. | | | 5 | 18 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee UGI UTILITIES PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address P.O. BOX 12677 | | | 5 | 18 | 2018 | |
| City READING | State PA | Zip Code (Plus 4) 19612 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PA ASSN OF NURSE ANESTHETISTS PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 401 N. SECOND ST. | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee CRESCI ASSOC. PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 204 STATE ST. | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee GENESIS HEALTHCARE - PAC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 101 STATE ST. | | | 5 | 18 | 2018 | |
| City KENNETT SQUARE | State PA | Zip Code (Plus 4) 19348 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee GENESIS HEALTHCARE - PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 101 STATE ST. | | | 5 | 17 | 2018 | |
| City KENNETT SQUARE | State PA | Zip Code (Plus 4) 19348 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PENNSYLVANIA HEALTHCARE ASSOC. PAC 2 | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 315 N. 2ND ST. | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17107 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee VERIZON COMM. INC. | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 417 WALNUT ST. 1ST FLOOR | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee OUTDOOR ADV. PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 200 N. THIRD ST. SUITE 1500 | | | 5 | 18 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PA COALITION OF NURSE PRACTITIONERS PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 2400 ARDMORE BLVD. STE 302 | | | 5 | 18 | 2018 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15221 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee Z PAC PA SOCIETY OF ANESTHESIOLOGIST | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 50 SO PROVIDENCE RD. | | | 5 | 18 | 2018 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PAW PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 800 W. HERSHEY PACK DR. | | | 5 | 18 | 2018 | |
| City HERSHEY | State PA | Zip Code (Plus 4) 17033 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOV'T | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 2 NO. 9TH ST. | | | 5 | 18 | 2018 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18101 | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee ENERGY VOICES PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 2200 GEORGETOWN DR. STE 500 | | | 5 | 18 | 2018 | |
| City SEWICKLEY | State PA | Zip Code (Plus 4) 15143 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 8,650.00 |

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

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

| | |
|--|--|
| Name of Filing Committee or Candidate EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
|--|--|

| | | | | DATE | AMOUNT | |
|--|----------|-------------------------|------|---------------------|-------------------|------|
| Full Name of Contributor | | | | MO | DAY | YEAR |
| J M ULIANA & ASSOC. LLC | | | | | | |
| Mailing Address 2571 BOGLYOS CIRCLE B20 | | | | 5 | 18 | 2018 |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18020 | | | | |
| Employer Name | | | | Occupation LOBBYIST | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | |
| | | | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR |
|--|----------|-------------------------|------|------------------|-------------------|------|
| GUY SALTON | | | | | | |
| Mailing Address 3051 GREEN POND RD. | | | | 5 | 18 | 2018 |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | |
| Employer Name NORTHAMPTON MEMORIAL SHRINE | | | | Occupation PRES. | | |
| 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 |
| \$ 600.00 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Detailed Summary Page

| | | | |
|---|--|-------------------------|-------------|
| Name of Filing Committee or Candidate | | Reporting Period | |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | | From: | To: |
| | | 5/1/2018 | 6/4/2018 |
| 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) | \$ 1,220.70 |
| 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.) | | | \$ 1,220.70 |

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: |
|---------------------------------------|--|

| | | | 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 | | | | Reporting Period | | | |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | | | | From: <u>5/1/2018</u> To: <u>6/4/2018</u> | | | |

| | | | | DATE | AMOUNT | | |
|---|----------|------------------------|------------------|-----------------------------|--------|------|------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 1,220.70 |
| Mailing Address P.O. BOX 11787 | | | | 5 | 25 | 2018 | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 17108 | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code(Plus 4) | Description of Contribution | | | |
| | | | | DATA LISTS & POSTCARDS | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL 1,220.70 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| EMRICK JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO | From <u>5/1/2018</u> To: <u>6/4/2018</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|---|----------------------------------|
| To Whom Paid OLD TOWN DELI | MO | DAY | YEAR | |
| Mailing Address 512 N. 3RD ST. | 5 | 1 | 2018 | \$ 265.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure BREAKFAST FUNDRAISER | |
| To Whom Paid VIVID IMPRESSIONS | MO | DAY | YEAR | |
| Mailing Address 391A NAZARETH PIKE | 5 | 2 | 2018 | \$ 169.60 |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18020 | Description of Expenditure ENVELOPES | |
| To Whom Paid USPS | MO | DAY | YEAR | |
| Mailing Address 9 N. MAIN ST. | 5 | 14 | 2018 | \$ 150.00 |
| City NAZARETH | State PA | Zip Code (Plus 4) 18064 | Description of Expenditure STAMPS | |
| To Whom Paid HRCC | MO | DAY | YEAR | |
| Mailing Address 500 N. 3RD ST. | 5 | 18 | 2018 | \$ 247.60 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure INVITATIONS | |
| To Whom Paid HRCC | MO | DAY | YEAR | |
| Mailing Address 500 N. 3RD ST. | 6 | 4 | 2018 | \$ 400.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure DONATION | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL \$ 1,232.20 |

