## **Campaign Finance Report**

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

Filer Identificati Number :	on 2019	90015			Repo			CA	NDI	DATE		СОМ	AITTEE	<b>~</b>	LUB	D1131	
Name of Filing C	e of Filing Committee, Candidate or Lobbyist: MORGANELLI, JOHN FOR JUDGE COMM											COMMI	TTEE				
Street Address:	835 BARNSD	ALE RD															
City:	BETHLEHEM							State	e:	PA			Zip Co	<b>de:</b> 1	8017		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2		30 DA PRIMA		P	OST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5			30 DAY POST- 6. X ELECTION  FILING METHOD				TERMIN/ REPORT		Yes	No		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2019	1				NG ME					PAPER		$\mathbf{A}$	DISKE	TTE
Name of Office S	ought by Candida	te:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	County Code
JUDGE OF THE COURT OF COMMON PLEAS									EAR	3	CPJ	D/F	₹	48			
										2019		(SEE II	NSTRUCTI	ONS FOR	CODES)		
Summary of Expenditures		МО	DAY	YEAR		_	_	МО		DAY	Y	EAR	FC	OR OFFI	CE USE	ONLY	
			10 22	2 2	019	T	<b>D</b>		11	-	25	2019					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					136.55					
B. Total Moneta	ary Contributions	And Rec	eipts (Fror	n Sche	dule 1	I)	\$				9,:	125.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				14,	261.55					
D. Total Expend	ditures (From Sch	edule II	I)				\$			14,261.55							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)		\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	<b>V</b> )			\$			0.00							
				AFF	IDA'	VI٦	ΓSE	CTI	NC								
	a Committee rep	-	_							-		_		of my kno	wledge	and heli	ef true
correct and comple		idding til	e attached sc	incuures	meu	O., ,	опрег	O. Dy .	ciccu	ome m	culum	, are to	ine best o	iny Kiic	wieuge	ana ben	er, arde,
Sworn to and subs	cribed before me thi day of —	s	20								S	Signature	of Perso	n Submi	tting Re	port	
	Signatu	ıre					•						Prin	ted Nam	ie		
My Commission Ex	rpires						_		,				Ema	il			
	МО	D.	AY	YR						Are	ea Coo	le	Daytin	ne Telep	hone Nu	ımber	
	a report of a can																
No 320) as amende		ny knowl	edge and bel	ief this	politio	cal	comm	ittee l	nas n	ot viola	ted ar	ıy provis	ions of th	e act of :	June 3,1	.937 (P.L	1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature (	of Candid	date		
													Printe	ed Name			<del></del>
My Commission Exp	Signature ires												Ema	nil			
	МО	D	AY	YR						Area	Code		D	aytime '	Telepho	ne Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MORGANELLI, JOHN FOR JUDGE COMMITTEE	From:	10/22/201	<u>9</u> To:	11/25/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	125.00
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)			\$	2,400.00
TOTAL for the Reporting	g Period	(2)	\$	2,650.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	750.00
All Other Contributions (Part D)			\$	5,600.00
TOTAL for the Reporting	g Period	(3)	\$	6,350.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	9,125.00

#### **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	Reporting	Period		
MORGANELLI, JOHN FOR JUDGE COMMITTEE	From:	10/22/2019	То:	11/25/2019
		DATE		AMOUNT

	me of Contributing Committee EHEM CITY DEMOCRATS		МО	DAY	YEAR		
Mailing	Address P.O. BOX 1792						\$ 250.00
City	BETHLEHEM	State PA	<b>Zip Code (Plus 4)</b> 18016	10	23	2019	

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

PAGE TOTAL 250.00

# 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)

Name of Filing Committee or Cand	idate	Reporting P	eriod	riod			
MORGANELLI, JOHN FOR JUDGE (	COMMITTEE		From:	10/22/	2019 <b>T</b> o	11/25/2019	
		l		DATE		AMOUNT	
Full Name of Contributor ROBERT DONCHEZ			МО	DAY	YEAR		
Mailing Address 3623 TEMPLE Co	OURT					<b>\$</b> 250.00	
City BETHLEHEM	10	24	2019				
Full Name of Contributor MICHAEL RECCHIUTI	МО	DAY	YEAR				
Mailing Address 4209 GLORIA LA  City BETHLEHEM	11	3	2019	\$ 100.00			
Full Name of Contributor KENNETH C YEE			МО	DAY	YEAR		
Mailing Address 7445 DRIFTWOO  City NORTHAMPTON	State PA	<b>Zip Code (Plus 4)</b> 18067	10	28	2019	\$ 200.00	
Full Name of Contributor GREGORY A ZEBROWSKI		<u> </u>	МО	DAY	YEAR		
Mailing Address 23 DEWBERRY A	State PA	<b>Zip Code (Plus 4)</b> 18017	10	31	2019	<b>\$</b> 150.00	
Full Name of Contributor ANGELO T ALMONTI	МО	DAY	YEAR				
Mailing Address 8373 MOHR LAN  City FOGELSVILLE	10	24	2019	\$ 250.00			

Full Name of Contributor				МО	DAY	YEAR	
HELEN K BORDA				МО	DAT	TEAR	
Mailing Address 314 k	(EVIN DR						\$ 100.00
City BETHLEHEM	State		Zip Code (Plus 4)	10	29	2019	
	PA		18017				
Full Name of Contributor BRIAN M MONAHAN				МО	DAY	YEAR	
Mailing Address 701 V	VASHINGTON STREET						\$ 150.00
City EASTON State Zip Code (Plus 4)					29	2019	
PA 18042							
Full Name of Contributor HAROLD JJ DEWALT JR					DAY	YEAR	
Mailing Address 8 N MAIN STREET							\$ 250.00
City NAZARETH	State		Zip Code (Plus 4)	11	1	2019	
	PA		18064				
Full Name of Contributor							
GEORGE S KOUNOUPIS				МО	DAY	YEAR	
Mailing Adduses	AST BROAD STREET			МО	DAY	YEAR	\$ 200.00
Mailing Address 20 EA	AST BROAD STREET		Zip Code (Plus 4)	10	<b>DAY</b> 24	<b>YEAR</b> 2019	\$ 200.00
Mailing Address 20 EA			<b>Zip Code (Plus 4)</b> 18018				\$ 200.00
Mailing Address 20 EA	State						\$ 200.00
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO	State			10	24	2019 YEAR	\$ 200.00
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A	State PA			10	24	2019	
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A	State PA  AVONBROOK RD		18018	- 10 MO	24 DAY	2019 YEAR	
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A	State PA  AVONBROOK RD  State		18018  Zip Code (Plus 4)	- 10 MO	24 DAY	2019 YEAR	
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A  City WALLINGFORD  Full Name of Contributor JOSHUA E KAROLY	State PA  AVONBROOK RD  State		18018  Zip Code (Plus 4)	10 MO	24  DAY  23	2019 YEAR 2019	
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A  City WALLINGFORD  Full Name of Contributor JOSHUA E KAROLY  Mailing Address 7648	AVONBROOK RD  State PA		18018  Zip Code (Plus 4)	10 MO	24 DAY	2019 YEAR 2019	\$ 250.00
Mailing Address 20 EA  City BETHLEHEM  Full Name of Contributor GAETAN J ALFANO  Mailing Address 108 A  City WALLINGFORD  Full Name of Contributor JOSHUA E KAROLY  Mailing Address 7648	State PA  AVONBROOK RD  State PA  LONGWOOD DRIVE		18018  Zip Code (Plus 4)  19086	10 MO	24  DAY  23	2019 YEAR 2019	\$ 250.00

Full Name of Contributor BRIAN R TIPTON			МО	DAY	YEAR	
Mailing Address 3075 HUTCHI	NSON RIVER RD					\$ 250.00
City PHILLIPSBURG	State	Zip Code (Plus 4)	10	23	2019	
	NJ	08865				

**PAGE TOTAL \$** 2,400.00

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

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

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

Name of Filing Committee or Candidate	Reporting P	eriod		
MORGANELLI, JOHN FOR JUDGE COMMITTEE	From:	10/22/2019	То:	11/25/2019

DATE AMOUNT

Full Name of Contributing Committee  IBW PAC VOLUNTARY FUND			МО	DAY	YEAR	
Mailing Address 900 SEVENTH STREE	T N.W.					<b>\$</b> 750.00
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20001	10	30	2019	

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

**PAGE TOTAL \$** 750.00

# 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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod			
MORGANELLI, JOHN FOR JUDGE COM	MITTEE			Fror	n:	10/22/2	<u>2019</u> <b>T</b> o	o:	11/25/2019
					D/	ATE		AI	MOUNT
Full Name of Contributor GEORGE KEENAN					МО	DAY	YEAR		
Mailing 1841 MAIN STREET								\$	500.00
City BETHLEHEM	State	Zi <sub>l</sub>	p Code (Plus	4)	10	29	2019	9	
	PA	18	8017						
Employer Name RETIRED					Occupat	ion	RETIRE	)	
Employer Mailing Address/Principal Pla Business	ce of		City		1	State		Zip Cod	e (Plus 4)
1841 MAIN STREET			BETHLEH	EM		PA		18017	•
Full Name of Contributor MICHAEL J PERRUCCI					МО	DAY	YEAR		
Mailing 235 BROUBALOW W	AY							\$	1,000.00
City PHILLISPBURG	State	Zi <sub>l</sub>	p Code (Plus	4)	11	4	2019	)	
	NJ	80	8865						
Employer Name SELF EMPLOYED					Occupat	ion	ATTORN	IEY	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	e (Plus 4)
60 W BROAD STREET			BETHLEH	EM		PA		18017	,
Full Name of Contributor						DAY	VEAD		
THOMAS FISCHER					МО	DAY	YEAR		
Mailing 26 HAAS ROAd								\$	500.00
City BASKING RIDGE	State	Zi	p Code (Plus	4)	11	4	2019	9	
	NJ	07	920						
Employer Name BROSCIOUS FISCHE	R & ZAITER				Occupat	ion	ATTORN	IEY	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Cod	e (Plus 4)
43 BROAD ST			WASHING	GTON		LNJ		07882	!

Full Name of Con	tributor								
MICHAEL ROSEN	I				МО	DAY	YEAR		
Mailing	272 87 (58 878 5 4) (58							4	
Address	272 RIVERSIDE AVEN	IUE						\$	500.00
City RIVERSID		State	Zi <sub>l</sub>	p Code (Plus 4)	10	29	2019		
NIVENOIL	<i>5</i> L	СТ	06	6878					
						_			
Employer Name	NORTHWELL				Occupat	t <b>ion</b> P	HYSICIA	λN	
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (Plus	s 4)
272 RIVERSIDE	AVENUE			RIVERSIDE		СТ		06878	
Full Name of Con	tributor								
MICHAEL DESCH	ILER				МО	DAY	YEAR		
Mailing	512 N NEW STREET							4	
Address	312 IN INEW STREET							\$	500.00
City BETHLEH	IEM	State	Zi <sub>l</sub>	Code (Plus 4)	10	29	2019		
PA 18018				8018					
Employer Name SFLF EMPLOYED ATTORNEY					Occupat				
Employer Name SELF EMPLOYED ATTORNEY					Occupation ATTORNEY				
Employer Mailing Business	Address/Principal Plac	e of		City	State Zip Code (Plus 4			s 4)	
512 N NEW STRE	≣ET			BETHLEHEM	PA 1801			18018	
					1	<u> </u>	<u> </u>		
1									
Full Name of Con	tributor				МО	DAY	YEAR		
Full Name of Con EMIL DIIORFO	tributor				мо	DAY	YEAR		
	tributor 200 W MACADA ROAI	)			мо	DAY	YEAR	<b>\$</b>	500.00
EMIL DIIORFO  Mailing Address	200 W MACADA ROAI	State	Ziį	p Code (Plus 4)	<b>мо</b>	<b>DAY</b> 4	<b>YEAR</b> 2019	<b>\$</b>	500.00
EMIL DIIORFO  Mailing Address	200 W MACADA ROAI			p Code (Plus 4)				\$	500.00
EMIL DIIORFO  Mailing Address	200 W MACADA ROAI	State PA				4			500.00
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name	200 W MACADA ROAI	State PA TH			11	4	2019		
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place	State PA TH		City	11	tion P	2019	AN Zip Code (Plus	
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place	State PA TH		3017	11	4 tion	2019	AN	
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD	State PA TH		City	Occupat	4 State PA	2019 HYSICIA	AN Zip Code (Plus	
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business  2775 SHOENERS	200 W MACADA ROAL  EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor	State PA TH		City	11	tion P	2019	AN Zip Code (Plus	
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS	200 W MACADA ROAL  EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor	State PA TH		City	Occupat	4 State PA	2019 HYSICIA	AN Zip Code (Plus	
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS  Full Name of Con NICOLETTE HAR	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor  T  2565 ALPINE DRIVE	State PA TH	188	City	Occupat	4 State PA	2019 HYSICIA	AN Zip Code (Plus 18018	s 4)
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS  Full Name of Con NICOLETTE HAR	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor  T  2565 ALPINE DRIVE	State PA TH	18	City BETHLEHEM	Occupat	4 State PA DAY	2019 HYSICIA	AN Zip Code (Plus 18018	s 4)
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS  Full Name of Con NICOLETTE HAR	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor  T  2565 ALPINE DRIVE  OWN	State PA  TH  TH  State  State	18	City BETHLEHEM	Occupat	4 State PA DAY 4	2019 HYSICIA	AN Zip Code (Plus 18018	s 4)
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS  Full Name of Con NICOLETTE HAR'  Mailing Address  City HELLERTO  Employer Name	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor T  2565 ALPINE DRIVE  OWN	State PA  TH  Se of  State PA	18	City BETHLEHEM  Code (Plus 4)	MO 11	4 State PA DAY 4	2019  HYSICIA  YEAR  2019	Zip Code (Plus 18018	600.00
EMIL DIIORFO  Mailing Address  City BETHLEH  Employer Name  Employer Mailing Business 2775 SHOENERS  Full Name of Con NICOLETTE HAR'  Mailing Address  City HELLERTO  Employer Name	200 W MACADA ROAL EM  COORDINATED HEAL  Address/Principal Place  SVILLE ROAD  tributor  T  2565 ALPINE DRIVE  OWN	State PA  TH  Se of  State PA	18	City BETHLEHEM	MO 11	4 State PA DAY 4	2019  HYSICIA  YEAR  2019	AN Zip Code (Plus 18018	600.00

									IGL 10
Full Name of Co					мо	DAY	YEAR		
Mailing Address	3910 ALDER PI	_ACE						\$	500.00
<b>City</b> BETHLI	State PA			<b>Zip Code (Plus 4)</b> 18017		4	2019		
Employer Name FAMILY PILLAIS HOSPICE				Occupat					
Employer Mailing Address/Principal Place of Business City					Plus 4)				
3910 ADLER PLACE BETHLEHEM				BETHLEHEM	PA			18017	
Full Name of Co					МО	DAY	YEAR		
Mailing Address	3800 RANEE S	TREET						<b>\$</b>	1,000.00
City EASTO	N	<b>State</b> PA		<b>p Code (Plus 4)</b> 3045	11	4	2019		
Employer Nam	e zawarski an	D SONS	'		Occupat	tion [	EVELO	PER	
Employer Mailii Business	ng Address/Princip	oal Place of		City		State		Zip Code (	Plus 4)
1441 LINDEN	STREET			BETHLEHEM PA		PA		18018	
Enter Grand 1	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Se							PAG	E TOTAL
		,					Ι.	+	

\$ 5,600.00

# 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	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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 Perio	od					
MORGANELLI, JOHN FOR JUDGE COMMITTEE	From:	<u>10/22/2019</u> <b>To:</b>	<u>11/25/2019</u>				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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)	<b>\$</b>	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	eriod (3)	\$	0.00				
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,		\$	0.00				

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candidate			Reporting Period				
Fr				From: To:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting	Period					
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filling Committee	0									
Name of Filing Committee or	Candidate		Reportir	ng Period						
MORGANELLI, JOHN FOR JUI	DGE COMMITTEE		From	From <u>10/22/2019</u> To: <u>1</u>						
						DATE				
To Whom Paid			МО	DAY	YEAR					
STEPHEN BARRON										
Mailing Address 2239 LING	10	22	2019	\$	400.00					
City BETHLEHEM	Descrip	tion of Exp	enditure							
	PA	18017	Phone S	Services						
To Whom Paid ALCOM PRINTING	·		МО	DAY	YEAR					
Mailing Address 140 CHRI	STOPHER LANE		10	30	2019	\$	767.00			
City HARLEYSVILLE	State	Zip Code (Plus 4)	Descrip							
	PA	18438	PRINTING SERVICES							
<b>To Whom Paid</b> PARMINDER SHERGILL			МО	DAY	YEAR					
Mailing Address 2739 COL	UMBIA STREET		10	30	2019	\$	300.00			
City FASTON	lou-t-	1	_							
EASTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
EASTUN	PA	18045		otion of Exp AL SERVIO						
To Whom Paid STAPLES										
To Whom Paid STAPLES			CLERIC	AL SERVIO	CES	\$	93.71			
To Whom Paid STAPLES  Mailing Address 2138 W U	PA		MO 10	DAY 31	YEAR 2019	\$	93.71			
To Whom Paid STAPLES  Mailing Address 2138 W U	PA  UNION BLVD	18045	MO 10 Descrip	DAY	YEAR 2019 penditure	\$	93.71			
To Whom Paid STAPLES  Mailing Address 2138 W U	PA  UNION BLVD  State	18045  Zip Code (Plus 4)	MO 10 Descrip	DAY  31	YEAR 2019 penditure	\$	93.71			
To Whom Paid STAPLES  Mailing Address 2138 W U  City BETHLEHEM	INION BLVD State PA	18045  Zip Code (Plus 4)	MO  10  Descrip PHOTO	DAY  31  otion of Exp COPYING	YEAR 2019 Denditure EXPENSE	\$	93.71			

18045

PΑ

FIELD SERVICES

						PAG	GE 16
<b>To Whom Paid</b> W.G.P.A			мо	DAY	YEAR		
Mailing Address 2311 EASTON	N AVENUE		10	25	2019	\$	720.00
<b>City</b> BETHLEHEM		otion of Exp	penditure				
To Whom Paid C MORGANELLI DESIGNS			МО	DAY	YEAR		
Mailing Address 2605 OAKSID	11	12	2019	\$	6,000.00		
City BETHLEHEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18045		otion of Exp MEDIA/W			
To Whom Paid ABRAHAM ATIYEH			МО	DAY	YEAR		
Mailing Address 3660 MANOR	ROAD		11	22	2019	\$	4,000.00
City BETHLEHEM	ty BETHLEHEM State PA Zip Code (Plus 4) 18020					TRIBUTION	1
To Whom Paid RAISE THE MONEY			МО	DAY	YEAR		
Mailing Address PO BOX 2646	6		11	24	2019	\$	65.82
City LITTLE ROCK	<b>State</b> AR	<b>Zip Code (Plus 4)</b> 72221	1	otion of Exp			
To Whom Paid FACEBOOK			МО	DAY	YEAR		
Mailing Address 1 HACKER WA	AY		11	24	2019	\$	850.00
City MENLO PARK	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94025		otion of Exp	penditure		
To Whom Paid SIGN ROCKET			МО	DAY	YEAR		
						ı	
Mailing Address 340 BRAODW	'AY		11	24	2019	\$	205.00

To Whom Paid PARMINDER SHERGILL	МО	DAY	YEAR			
Mailing Address 2739 COLUMBIA STREET			11	24	2019	\$ 195.02
City EASTON	· ·	otion of Exp				
To Whom Paid POSTMASTER BETHLEHEM				DAY	YEAR	
Mailing Address 535 WOOD STREET			11	24	2019	\$ 165.00
City BETHLEHEM	<b>Descrip</b> POSTAG	otion of Exp	enditure			
Enter Grand Total of Evnenditures	on Page 1. Por	nort Cover Page Item D				PAGE TOTAL
Enter Grand Total of Expenditures	on Paye I, Ke	port Cover Page, Item D.	•			\$ 14,261.55