Campaign Finance Report

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

Filer Identification		Report CANDIDA		ATE	✓	СО	COMMITTEE		TTEE LOBBYIST										
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:	•	EMR	RICK	, JOE											
Street Address:																			
City:									State:					Zip Code	:				
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		PC	OST-	3.		AMENDME REPORT?	NT	Yes	√ No)	
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDAY ELECTION	PRE	-	5. X	30 DA		PC	OST-	6.		TERMINAT REPORT?	ION	Yes	No)	\
report type)	ANNUAL F	REPORT	7.	Year 2004					IG METI CHECK					PAPER		√	DISKE	TTE	
Name of Office S	ought by (Candidat	:e:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Cour	
									МО	Ī	DAY	YEAR		137	STH	REP)	48	
REPRESENTATI	VE IN THE	GENEK	AL ASS	EMBLY					1	1		2 20	004		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of I		and	МО	DAY	YEAR				МО		DAY	YEAR	l	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1		1	Т	0	1	.0	1	.8 20	004						
A. Amount Bro	ught Forwa	ard Fron	ı Last R	eport				\$				(1,151.	40)						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (From	Sche	dule	ı)	\$				0	.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$				(1,151.	40)						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$				1,500	.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C)			\$			((2,651.4	40)						
F. Value Of In-l	Kind Contr	ibutions	Receive	ed (From Sch	hedu	le II	()	\$				0.	.00						
G. Unpaid Debt	s And Obli	gations	(From S	chedule IV)				\$				0	.00						
					AFF	IDA	۱۷۶	T SE	CTION	١									
PART I - If this is		•	•	_						•	•		-						
I swear (or affirm) correct and comple		port, incl	uding the	attached sche	edules	file	d on	paper (or by ele	ctro	onic me	edium, are	e to t	he best of r	ny know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befor day of	e me this		20						-		Signa	ature	of Person	Submitti	ing Rep	oort		
		Signatur						_		-				Printe	d Name				_
My Commission Ex	rpires							_		-				Email					_
	М	10	D#	λΥ	YR						Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized C	Comm	iitte	e, C	andida	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and belief	f this	polit	tical	commi	ittee has	no	t violat	ed any pr	rovisi	ons of the a	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		me this								•			Si	gnature of	Candida	te			-
	day of — –							-		-				Printed	Name				-
	Si	gnature						-						·····cu	6				_
My Commission Exp														Email					
		мо	D/	AY	YR			-		-	Area (Code		Day	time Te	lephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
EMRICK, JOE	From:	То:	10/18/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	0.00
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)		\$	0.00
TOTAL for the Reporting	g Period (2)	\$	0.00
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)		\$	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	g 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		\$	0.00

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			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL \$0.00

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

0.00

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.

(Exclud	e contributions fror	n political comm	iitte	ees re _l	ported	in Part	A)	
Name of Filing Committee	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4))					
	·	•				•		PAGE TOTAL

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	0.00

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			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	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		
EMRICK, JOE	From:	To:	10/18/2004
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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)	\$	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							
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
EMRICK, JOE	From			То:	10/18/2004		
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
COMMITTEE TO ELECT JOE EMRI	CK		1-10				
Mailing Address			7	28	2004	\$	1,500.00
City NAZARETH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18064					
							PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D	· .			\$	1,500.00