Campaign Finance Report

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

Filer Identificat Number :	ion 2003	3296			Report Filed B		CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Candio	date or Lo	obbyist:			-	COMMIT	TEE TO	D ELE	CT C/C	D TREAS	URER JC	ANN	CARDE	LLO
Street Address:	Street Address:														
City:	TANNERSVIL	LE					State:	PA			Zip Co	de: 18	372		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 DA ELECT		POST-	DST- 6. X		TERMINATION REPORT?		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2019				NG METHO				PAPER		\checkmark	DISK	TTE
Name of Office	L Sought by Candida	ate:					DATE O	FELE	CTIC	N	District Number	Office Code	Par	ty Code	County
	5 ,						мо	DAY	YI	AR	Humber	couc	REP	,	louc
							11		5	2019	i	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditure	s from:	-	10 22	20)19 T	0	11		25	2019					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			127,5	587.20					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sched	dule I)	\$				750.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			128,3	337.20					
D. Total Exper	ditures (From Sch	edule II	I)			\$				0.00					
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$		1	28,3	37.20	-				
F. Value Of In-	-Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	()		\$				0.00		·			
				AFFI	IDAVI	T SE	CTION								
	s a Committee rep		-					• •		-	-	¢ I			
correct and comp	i) that this report, inc lete.	cluding the	e attached sc	nedules	filed on	paper	or by elect	ronic me	eaium	, are to t	the best o	т ту кпоч	leage	and bei	let , true
Sworn to and sub	scribed before me thi day of 	is	20			_			S	Signature	e of Perso	n Submitt	ing Rep	oort	
	Signati	ure				_					Prin	ted Name			
My Commission E	xpires					_					Ema	il			
	мо	D/	AY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	edge and beli	ief this _l	political	comm	ittee has n	ot viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
							ignature (of Candida	ite						
						-		Printed Name							
My Commission Ex	Signature					-					Ema	il			
Try Commission EX	рл сэ 					_									
	мо	D	AY.	YR				Area	Code		D	aytime Te	elephon	e Numb	ber

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>10/22/2019</u> **To:** 11/25/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 250.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 250.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 750.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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: To:			1			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		
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. (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>10/22/2019</u> To				: <u>11/25/2019</u>		
			DATE AMOUNT					AMOUNT		
Full Name of Contributor MICHAEL SMITH				мо	DAY	YEAR				
Mailing Address							\$	250.00		
City PEN ARGYL	State	Zip Code (Plus 4)	11	1	2019				
	РА	18072								
								PAGE TOTAL		
Enter Grand Total of Part A on	\$	250.00								

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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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						
EMRICK, JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO			From:		<u>10/22/2019</u> To		'o:	<u>11/25/2019</u>		
				DA	ATE		AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	2	t 500.00	
SHAN	KER MUKKERJIE MD					DA.	/		\$ 500.00	
Mailin	g Address				11	1	201	9		
City	EASTON	State	Zip Code (Plus	; 4)		-		_		
		PA	18045							
Emplo	oyer Name				Occupat	ion	DOCTO	DR		
Emplo	oyer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)		
Fatar	Currend Tabal of David Class Color			Castia			Г		PAGE TOTAL	
Enter	Grand Total of Part C on Sche	aule I, Detalled St	ummary Page,	Sectio	on 3.			\$	500.00	

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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							\$		0.00

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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 Pe	riod								
EMRICK, JOE COMMITTEE TO ELECT C/O TREASURER JOANN CARDELLO	From:	<u>10/22/2019</u> то:	<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 PART 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, 1		\$	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				DAY	YEAR				
Mailing Address	_	_				\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		-		1	- I			
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					
				From:					
					DATE	AMOUNT			
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporti	ng Period					
				From			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure				
Enter Crand Tatal of Evnanditures					PAGE TOTAL				
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		