Campaign Finance Report

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

						I_			CAND	DATE	/	CC	OMMITTEE		LORI	BYIST			
Filer Identificati Number :	on	2022	C0333				port ed B		CAND	IDATE	>		JMMIIIEE		LODI	,,,,,			
Name of Filing C	committe	e, Candida	ate or L	obbyist:		JOE	EMI	RICK											
Street Address:																			
City:									State:					Zip Code: 18064					
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No	•	/	
report type)	ANNUAL	. REPORT	7.	Year 2022					NG METH CHECK O				PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:						DATE ()F ELE	CTIO	١	District Number	Office Code	Par	ty Code	Count	ty	
									МО	DAY	YE	AR	137	STH	REP		code		
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			3 29	2	022	Т	0	5	5	2	2022							
A. Amount Bro	ught For	ward Fron	ı Last R	eport	•		1	\$		•		0.00							
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00							
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		'					
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candid	ate sig	gn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	ı e	
Sworn to and subs	cribed bef day of	ore me this		20							Si	gnature	e of Person	Submitt	ing Rep	ort		-	
		Signatur	·e					- -					Printe	ed Name				-	
My Commission Ex	cpires							_					Email					-	
		мо	D	AY	YR					Ar	ea Code	١	Daytime	Telepho	one Nu	mber		\Box	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			-	
	day of —							_					Printed	Name				-	
		Signature						-										_	
My Commission Exp	oires												Email						
	-	МО	D	AY	YR	1		_		Area	Code		Day	time Te	lephon	e Numb	er	٠	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
JOE EMRICK	From:	3/29/20	22 To:	5/2/2022				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	J 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) 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) 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				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.

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.

Name of Filips Commit	the au Candidate		Reporting	Period			
Name of Filing Committee or Candidate From:						o:	
				DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
			•	•		•	

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	Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Comm	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	on Schedule I, Detaile	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	Caatle					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 Perio	d	
JOE EMRICK	From:	3/29/2022 To :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Re				Reporting Period				
Fr			From: To:					
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details			iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting	Period						
					From: To				То:		
						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 Candidate			Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	