# **Campaign Finance Report**

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

Filer Identificat	ion 2022	C0333			Repo Filed		CA	NDI	DATE	<	CC	OMMITTEI	E	LOB	BYIST		
Name of Filing (	Committee, Candida	ate or Lo	obbyist:		JOE EI	MRIC	ĸ									-	
Street Address:																	
City:							State: Zip Code:						<b>e:</b> 18	: 18064			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	2. 30 DAY PRIMARY				POST- 3. <b>X</b>			AMENDMENT REPORT?		No	)	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY CTION	P	POST-	ST- 6.		TERMINATION REPORT?		Yes	No	)	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				.ING ME ) CHEC					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candidat	te:					DAT	ΈO	F ELE	стіо	N	District Number	Office Code	Par	ty Code	Coun	
							мо		DAY	YE	AR	137	STH	REP	,	leone	
REPRESENTAL	IVE IN THE GENER	AL ASSI	EMBLY					11		8	2022	i	(SEE INS	TRUCTI	ONS FOR	CODES)	1
Summary of	Receipts and	мо	DAY	YEAR	2		мо		DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		5 3	2	022	то		6		6	2022						
A. Amount Bro	ught Forward Fron	n Last Re	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Sche	dule I)	)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sche	edule III	[)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D l	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)			\$				0.00						
				AFF	IDAV	'IT S	SECTIO	NC									
	s a Committee repo		-						• •			-					
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedules	s filed o	n pape	er or by o	electi	ronic m	edium,	are to	the best of	my know	ledge	and bel	lef , tru	ıe'
Sworn to and subs	scribed before me this day of	5	20							S	ignatur	e of Person	Submitti	ing Rep	oort		-
	Signatu	re										Print	ed Name				-
My Commission E	-											Email	I				-
	МО	DA	Y	YR					Are	ea Cod	e	Daytime	e Telepho	one Nu	mber		
	a report of a canc										y provis	ions of the	act of Ju	ine 3,1	937 (P.I	1333	3,
No 320) as amend	ed. cribed before me this														_		_
	day of		20								S	ignature of	f Candida	te			
			-			_						Printeo	d Name				-
My Commission Exp	Signature pires											Emai	l				-
	мо	DA	NY	YR					Area	Code		Da	ytime Te	lephor	e Numb	ber	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JOE EMRICK From: <u>5/3/2022</u> **To:** 6/6/2022 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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	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 Candida	te		Rep	orting P	eriod					
			Fror	From: To				<b>):</b>		
					DATE			AMOUNT		
Full Name of Contributor				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 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		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, Secti							\$	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 Rep				eporting Period					
			Froi	n:		Т	):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00	

## 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			Report	ing Perio	d				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·						•		
		_	<b>.</b>					PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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		
JOE EMRICK	From:	<u>5/3/2022</u> то:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Re			Reporting Period						
	From:			То:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.				ailed Summary Page,			PAGE TOTAL		
						\$		0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				m:		То:			
					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	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00		

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
		DATE		AMOUNT					
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				Description of Expenditure					
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item I					PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00		