Campaign Finance Report

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

Filer Identificati	on 2003	296			Repor		CAND	IDATE		СОМ	MITTEE	✓	LOBI	BYIST	
Number :			- h-hi-+-		Filed	-									
	Committee, Candid		-		EMRIC	K, JUE	EMRIC	C TO EL	ECT	010/0	ANN CA	RDELLO			
Street Address:	177 SUNNY B	ROOK L	PR.												
City:	SAYLORSBUR	G					State: PA Zip C						353		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY TION	POST-				ATION ?	Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2022		FILING METHOD ()CHECK ONE						\checkmark	DISKE	TTE		
Name of Office S	L Sought by Candida	te:					DATE	OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
	,						мо	DAY	Y	AR	Number	Code	REP		code
							1	1	8	2022		(SEE INS	TRUCTI	ONS FOR (ODES)
Summary of	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		11 29	2	022	ГО	1	2	31	2022					
A. Amount Bro	ught Forward Froi	n Last R	eport			\$		ļ	64,0	034.68	1				
B. Total Moneta	ary Contributions	And Rec	eipts (From	n Sche	dule I)	\$			1,0	00.00					
C. Total Funds	\$			65,0	034.68										
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			65,0	34.68					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		\$	\$ 0.00								
				AFF	IDAV	IT SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If this i	s a Cai	ndidate ı	report,	candi	date sig	gn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached scl	hedules	s filed or	n paper	or by elec	tronic m	edium	, are to t	the best o	f my know	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						S	Signature	e of Perso	n Submitt	ing Rep	ort	
	Signatu	re				_					Prin	ted Name			
My Commission Ex	-										Ema	il			
	мо	D	AY	YR		_		Ar	ea Coo	le	Daytin	ne Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, (Candid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of r ed.	ny knowle	edge and beli	ef this	politica	comm	iittee has	not viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this									s	ignature (of Candida	ite		
	day of										Drint	ed Name			
	Signature					_					Printe	a name			
My Commission Exp	-										Ema	il			
	мо	D	AY	YR	1	_		Area	Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** EMRICK, JOE EMRICK TO ELECT C/O JO ANN CARDELLO From: <u>11/29/2022</u> **To:** 12/31/2022 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)** 500.00 500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 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 \$ 1,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

PART A

Name of Filing Committee or Candidate				Reporting Period						
F					From:					
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City State Zip Code (Plus 4)										
							Γ	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 Candidat	e		Rep	orting P	eriod			
From: To:								
					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 S	Schedule I, Detail	led Summary Pag	je, Se	ection 2	-		\$	0.00

PAGE 5

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							
EMRICK, JOE EMRICK TO ELECT C/O JO ANN CARDELLO			From:	<u>11/2</u>	<u>12/31/2022</u>						
					DATE						
Full Name of Contributing Contributing Contributing Contribution of ANESTHESIC				мо	DAY	YEAR					
Mailing Address 1400 N. P	ROVIDENCE RD.						\$	500.00			
City MEDIA State Zip Code (Plus 4) PA 19063					19	2022					
						ſ		PAGE TOTAL			
Enter Grand Total of Part C	C on Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	500.00			

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				orting Pe	riod				
EMRICK, JOE EMRICK TO ELECT C/O JO ANN CARDELLO					<u>11/29/2</u>	022 To	To: <u>12/31/2022</u>		
					ATE		AMOUNT		
Full Name of Contributor J B REILLY & amp; KATHLEEN WATERBURG					DAY	YEAR			
Mailing 1577 SAUCON VALLEY RD.					_		\$ 500.00		
City BETHLEHEM	State PA	Zip Code (Plus	; 4)	12	5	2022			
Employer Name CITY CENTER INVEST	MENTS		Occupation CEO						
Employer Mailing Address/Principal Place of City Business					State		Zip Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page,			Sectio	on 3.		Γ	PAGE TOTAL		
Enter Grand Total of Part C on Schedule 1, Detaned Summary Page, S							\$ 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	Name of Filing Committee or Candidate			Reporting Period						
						То:	:			
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description					1	1				
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
		i Suillilai y Page,	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 Per	riod							
EMRICK, JOE EMRICK TO ELECT C/O JO ANN CARDELLO	From:	<u>11/29/2022</u> To:	<u>12/31/2022</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	TF)								
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, 2		\$	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	Mailing Address					\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL			
					4	5	0.00			

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

Name of Filing Committee or Candidate					Reporting Period						
					From: To:						
						DATE AMC					
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution		

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
		DATE	AMOUNT				
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	`				PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00