### **Campaign Finance Report**

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

Filer Identificati Number :	on	2024	C0061				port		CAI	CANDIDATE COMMITTEE LOBBYIST										
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		JOE	EM	RICK											_	
Street Address:																				
City:									State	:				<b>Zip Code:</b> 18064						
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						No	,	<b>\</b>		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	≣-	5.	30 DA		Р	POST-	6.	X	TERMINATREPORT?	ΓΙΟΝ	Yes	No	•	<b>√</b>	
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2024					IG ME CHECI					PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	ought by	Candidat	te:						DAT	ΕO	F ELE	CTI	ION	District Number	Office Code	Par	ty Code	Cour		
									МО		DAY	,	YEAR	137	STH	REP		reoue		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО		DAY		YEAR	FOF	R OFFIC	E USE	ONLY			
Expenditures	from:		:	10 22	2	024	Т	0		11	2	25	2024							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			•	\$	•		•	•	0.00	1						
B. Total Moneta	ary Contr	ibutions <i>A</i>	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	Receiv	ed (From S	chedu	le I	I)	\$					0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$					0.00		,					
					AFF	ID	AVI	T SE	CTIC	N										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	eport, c	can	didate sig	gn here.						
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by e	lecti	ronic m	ediu	ım, are to t	the best of	my know	/ledge	and beli	ef , tr	ue	
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitti	ing Rep	ort		-	
	_	Signatur	re					<b>-</b>						Printe	ed Name				-	
My Commission Ex	pires							_		•				Email					_	
		мо	D	AY	YR						Are	ea C	Code	Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sh	all	sign he	ere.								
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee h	as no	ot viola	ted	any provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,	
Sworn to and subsc		re me this		20									s	ignature of	Candida	te			-	
	day of —							-						Printed	Name				-	
		Signature						-											_	
My Commission Exp	ires													Email						
	_	МО	D	AY	YR	l		_			Area	Cod	le	Day	time Te	lephon	e Numb	er	-	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
JOE EMRICK	From:	10/22/2	024 <b>To</b> :	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	y 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 ar 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 Candidat	Reporting	Period					
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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 <sub>l</sub>	ported	in Part	A)	
Name of Filing Committee	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>o</b> :	
					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.

ame of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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					Reporting Period				
Fro					From: To:				
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip	

## 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 Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Peri	od	
JOE EMRICK	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	R	
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					
F						То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>7</b> \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•	•				
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					orting	Period				
	Fro	From:			То:					
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting 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	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<b>,</b> .			\$	0.00		