FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

JOE SEMPOLINSKI FOR CONGRESS

ADDRESS (number and street) ▼ P.O. BOX 21

☐ Check if different than previously reported. (ACC)

CANISTEO | NY | 14823 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00783159

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ DISTRICT: NY 23

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 13 / 2022 through 09 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Sempolinski, Daniel, , ,

Signature of Treasurer: *Sempolinski, Daniel, , ,* ***[Electronically Filed]*** Date: 01 / 29 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name
JOE SEMPOLINSKI FOR CONGRESS

Report Covering the Period: From: 09 / 13 / 2022 To: 09 / 30 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	251029.30
(b) Total Contribution Refunds (from Line 20(d))	0.00	27400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	223629.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4709.55	240991.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4709.55	240991.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	638.15	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	18000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

JOE SEMPOLINSKI FOR CONGRESS

Report Covering the Period: From: 09 / 13 / 2022 To: 09 / 30 / 2022

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	172850.00
(ii) Unitemized	0.00	15234.00
(iii) TOTAL of contributions from individuals ▶	0.00	188084.00
(b) Political Party Committees	0.00	2000.00
(c) Other Political Committees (such as PACs)	0.00	49706.33
(d) The Candidate	0.00	11238.97
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	251029.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	30000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	0.00	281029.30

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	4709.55	240991.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	1000.00	12000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	1000.00	12000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	22400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	27400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5709.55	280391.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	6347.70
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	6347.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	5709.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	638.15

Image# 202301299575139026

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOE SEMPOLINSKI FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Hawk 'n' Dove
Mailing Address 329 Pennsylvania Ave., SE
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Swearing In Reception
Category/Type: 007
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022
[ ] Primary [ ] General [x] Other (specify) Special-General
Date of Disbursement: 09 / 15 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2857.55
Transaction ID : SB17.5540
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
LAWLER FOR CONGRESS
Mailing Address PO BOX 87
City: SOUTH SALEM | State: NY | Zip Code: 10590
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name
Office Sought: [x] House [ ] Senate [ ] President
State: NY District: 17
Disbursement For: 2022
[ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 09 / 15 / 2022
FEC Identification Number: C C00815415
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.5551
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Reprise Consulting
Mailing Address 25452 Brickell Dr.
City: Chantilly | State: VA | Zip Code: 20152
Purpose of Disbursement: Fundraising Consulting
Category/Type: 003
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022
[ ] Primary [ ] General [x] Other (specify) Special-General
Date of Disbursement: 09 / 16 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1425.00
Transaction ID : SB17.5544
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4532.55

TOTAL This Period (last page this line number only) ▶ 4532.55

Image# 202301299575139027

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
JOE SEMPOLINSKI FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Sempolinski, Joseph, , ,

Mailing Address 22 3rd St.

City: Canisteo | State: NY | Zip Code: 14823

Purpose of Disbursement: Partial Loan Repayment

Category/Type: 009

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23

Disbursement For: 2022
☐ Primary ☐ General ☒ Other (specify) ▼ Special-General

Date of Disbursement: 09 / 19 / 2022

FEC Identification Number: C H2NY23137

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB19A.5545

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period:

☐ Memo Item

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period:

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JOE SEMPOLINSKI FOR CONGRESS

Transaction ID : SC/10.4699

LOAN SOURCE Full Name (Last, First, Middle Initial)
Sempolinski, Joseph, , ,

- [ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
22 3rd St.

City	State	ZIP Code
Canisteo	NY	14823

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	12000.00	18000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
12/31/2021	On Demand	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18000.00
TOTALS This Period (last page in this line only) ▶	18000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.