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 :		Report CANDIDA			IDATE		СОМ	4ITTEE	✓	LOBE	BYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		Grea	ater	John	stown R	egiona	I PAC	, Inc.						
Street Address:	215 Main Stre	et															
City:	Johnstown							State:	PA			Zip Cod	de: 1	5909			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-				1ENT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTIO						POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2013	FILING METHOD () CHECK ONE							PAPER		$\overline{}$	DISKE	TTE		
Name of Office S	Sought by Candida	te:	•					DATE (OF ELE	CTI	DN	District Number	Office Code	Par	ty Code	Count	ty
	,							МО	DAY	Υ	EAR	Number	Code			coue	
								1:	ı	5	2013		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 2	2	013	Т	0	4	1	1	2013						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			4,	585.76						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.0										0.00						
C. Total Funds Available (Sum Of Lines A and B)									4,	585.76							
D. Total Expen	ditures (From Scho	edule II	I)				\$				13.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			4,	572.76]					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If thi	is is	a Car	ndidate r	eport,	cand	idate sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	l on	paper	or by elec	tronic m	nediun	n, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie.
Sworn to and subs	cribed before me this day of	•	20								Signature	of Perso	n Submit	ting Rep	ort		-
							- -					Prin	ted Nam	e			-
My Commission Ex	Signatu opires	re										Ema	il				-
	МО	D	AY	YR			_		Aı	rea Co	de	Daytim	e Telepi	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	nall sign here.								
I swear (or affirm) No 320) as amende		ny knowle	edge and beli	ef this	polit	ical	I committee has not violated any provisions of the act of June 3,1937 (P.L. 1333,								3,		
Sworn to and subsc	ribed before me this								Signature of Candidate								-
	day of		_ 20				_					Duinte	d Name				-
	Signature						-					Printe	d Name				
My Commission Exp	-											Ema	il				-
	МО	D	AY	YR	l		-		Area	Code		Da	aytime 1	elephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Greater Johnstown Regional PAC, Inc.	From:	1/2/201	<u>3</u> To:	4/1/2013
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	J 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	J 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 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

	this Part to itemize on with an aggregate va	-		-			
Name of Filing Comm	nittee or Candidate		Reporting	Period			
			From:		То	:	
		1		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	ļ.	·			-1		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				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.

PAGE TOTAL \$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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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 Candida	te			Rep	orting Pe	riod				
				Froi	n:		To	То:		
					D	ATE		АМ	IOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	i 4)						
Employer Name	•	•			Occupa	tion		•		
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>I</i>	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 or	Candidate		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	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 Peri	od	
Greater Johnstown Regional PAC, Inc.	From:	<u>1/2/2013</u> To:	4/1/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	t	
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 Candid	Name of Filing Committee or Candidate Re						
	From:		To:	То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Greater Johnstown Regional	PAC, Inc.		From	<u>1/2</u>	2/2013	То:	4/1/2013
				DATE			AMOUNT
To Whom Paid Ameriserv Financial			мо	DAY	YEAR		
Mailing Address 216 Franklin Street				31	2013	\$	2.50
City Johnstown PA Zip Code (Plus 4) 15907				otion of Exp ervice Cha			
To Whom Paid Ameriserv Financial			МО	DAY	YEAR		
Mailing Address 216 Frank	din Street		2	28	2013	\$	5.00
City Johnstown	State PA	Zip Code (Plus 4) 15907	1	otion of Exp ervice Cha			
To Whom Paid Ameriserv Financial			мо	DAY	YEAR		
Mailing Address 216 Franklin Street			3	31	2013	\$	5.50
State Zip Code (Plus 4) PA 15907				otion of Exp ervice Cha			
							PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

13.00