

Campaign Finance Report

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

Filer Identification Number : 2001154		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: GREATER JOHNSTOWN REGIONAL PAC											
Street Address: 111 MARKET ST											
City: JOHNSTOWN					State: PA		Zip Code: 15901-0000				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		6	10	2014		9	15	2014			
A. Amount Brought Forward From Last Report					\$ 18,275.76						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 27,572.40						
C. Total Funds Available (Sum Of Lines A and B)					\$ 45,848.16						
D. Total Expenditures (From Schedule III)					\$ 39,020.15						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 6,828.01						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
GREATER JOHNSTOWN REGIONAL PAC	From: <u>6/10/2014</u> To: <u>9/15/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 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)	\$ 27,572.40
TOTAL for the Reporting Period (3)	\$ 27,572.40

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 27,572.40
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<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						<div>PAGE TOTAL</div> <div>\$ 0.00</div>

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 GREATER JOHNSTOWN REGIONAL PAC	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Dr. Robert Capretto				8	7	2014	\$ 1,000.00
Mailing Address 927 Hulton Rd							
City Oakmont	State PA	Zip Code (Plus 4) 15139					
Employer Name Self Employed				Occupation Orthodontist			
Employer Mailing Address/Principal Place of Business 927 Hulton Rd			City Oakmont		State PA	Zip Code (Plus 4) 15139	
June J Furman-Janakovic				8	7	2014	\$ 500.00
Mailing Address 227 Kunkle Street							
City Johnstown	State PA	Zip Code (Plus 4) 15906					
Employer Name Crown American				Occupation Executive Assistant			
Employer Mailing Address/Principal Place of Business 1 Pasquerilla Plz			City Johnstown		State PA	Zip Code (Plus 4) 15901	
Leah McCullough				8	7	2014	\$ 20,000.00
Mailing Address 4256 Route 982							
City Latrobe	State PA	Zip Code (Plus 4) 15650					
Employer Name Woodworker Supply				Occupation Secretary			
Employer Mailing Address/Principal Place of Business 500 Lloyd Ave			City Latrobe		State PA	Zip Code (Plus 4) 15650	

Full Name of Contributor Mark E Pasquerilla			MO	DAY	YEAR	\$ 500.00
Mailing Address 945 Menoher Blvd			6	17	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15905				
Employer Name Crown American Corp			Occupation President/CEO			
Employer Mailing Address/Principal Place of Business 1 Pasquerilla Plz		City Johnstown	State PA	Zip Code (Plus 4) 15901		

Full Name of Contributor Mark E Pasquerilla			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 945 Menoher Blvd			8	1	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15905				
Employer Name Crown American Corp			Occupation President/CEO			
Employer Mailing Address/Principal Place of Business 1 Pasquerilla Plz		City Johnstown	State PA	Zip Code (Plus 4) 15901		

Full Name of Contributor Mark E Pasquerilla			MO	DAY	YEAR	\$ 572.40
Mailing Address 945 Menoher Blvd			9	3	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15905				
Employer Name Crown American Corp			Occupation President/CEO			
Employer Mailing Address/Principal Place of Business 1 Pasquerilla Plz		City Johnstown	State PA	Zip Code (Plus 4) 15901		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 27,572.40

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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
GREATER JOHNSTOWN REGIONAL PAC		From: <u>6/10/2014</u> To: <u>9/15/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 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		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
GREATER JOHNSTOWN REGIONAL PAC	From <u>6/10/2014</u> To: <u>9/15/2014</u>

DATE				AMOUNT		
To Whom Paid AmeriServ Financial			MO	DAY	YEAR	\$ 3.00
Mailing Address 216 Franklin Street			6	30	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15907	Description of Expenditure Bank Service Charge			
To Whom Paid AmeriServ Financial			MO	DAY	YEAR	\$ 3.00
Mailing Address 216 Franklin Street			7	31	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15907	Description of Expenditure Bank Service Charge			
To Whom Paid AmeriServ Financial			MO	DAY	YEAR	\$ 3.00
Mailing Address 216 Franklin Street			8	31	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15907	Description of Expenditure Bank Service Charge			
To Whom Paid Friends of Rich Fitzgerald			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 23175			6	17	2014	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Contribution Expense			
To Whom Paid Tom Wolf for Governor			MO	DAY	YEAR	\$ 31,500.00
Mailing Address PO Box 22454			8	11	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution Expense			

To Whom Paid Cover Studio			MO	DAY	YEAR	
Mailing Address 714 Scalp Avenue			9	15	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15904	Description of Expenditure Contribution Expense			
To Whom Paid Tom Corbett for Governor			MO	DAY	YEAR	
Mailing Address PO Box 1145			9	15	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution Expense			
To Whom Paid Wessel & Company			MO	DAY	YEAR	
Mailing Address 215 Main Street			7	22	2014	
City Johnstown	State PA	Zip Code (Plus 4) 15901	Description of Expenditure Accounting Fees			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 39,020.15

