Campaign Finance Report

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

Filer Identificat Number :	ion 2001	154			Repo Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing (Committee, Candida	ate or Lo	obbyist:			-	DHNSTOV	VN REG	IONA	L PAC		L			
Street Address:	111 MARKET	ST													
City:	JOHNSTOWN						State:	PA			Zip Co	de: 15	901-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY 1ARY	POST-	POST- 3.			MENT ?	Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	_				DAY CTION	POST-	POST- 6.			ATION ?	Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2015	ING METH				PAPER		\checkmark	DISKE	TTE			
Name of Office	Sought by Candidat	te:					DATE	OF ELE	CTIC	N	District Number		Par	ty Code	County Code
	- ,						мо	DAY	Y	EAR		couc			
							1	1	3	2015		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FC	OR OFFIC	CE USE	ONLY	
Expenditures	s from:		1 1	. 2	015	то		3	30	2015					
A. Amount Bro	ught Forward Fron	n Last R	eport			9	\$			816.01					
B. Total Monet	ary Contributions A	And Reco	eipts (Fron	n Sche	dule I)) (\$	16,000.00							
C. Total Funds Available (Sum Of Lines A and B)							\$		16,	816.01					
D. Total Expen	ditures (From Sche	edule II	[)			9	\$		3,5	513.50					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$		13,3	302.51					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$ 0.00								
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		9	\$			0.00					
				AFF	IDAV	'IT SI	ECTION								
	s a Committee repo		-					• •							
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed o	n pape	r or by elec	tronic m	edium	, are to	the best o	of my knov	wledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	•	20						9	Signatur	e of Perso	on Submitt	ting Re	port	
	Signatu	re									Prir	nted Name			
My Commission E	xpires										Ema	ail			
	МО	DA	NY	YR				Ar	ea Co	de	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee,	Candi	date shal	l sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of m ed.	ıy knowle	dge and beli	ief this	politica	al com	nittee has	not viola	nted an	ny provis	ions of th	e act of J	une 3,1	937 (P.I	1333,
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ate		
day of 20											Printe	ed Name			
	Signature										Ema	ail			
My Commission Exp	bires										EINA				
	мо	D4	NY	YR		_		Area	Code		D	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page									
Name of Filing Committee or Candidate	Reporting	g Period							
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>1/1/201</u>	<u>.5</u> To:	<u>3/30/2015</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)			\$	2,000.00					
All Other Contributions (Part D)			\$	14,000.00					
TOTAL for the Reporting	Period	(3)	\$	16,000.00					
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	16,000.00					

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 Candidate			Re					
F				From: To:			:	
					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 Froi	orting P m:	eriod	То):		
					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 S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00								

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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	Name of Filing Committee or Candidate			Reporting Period					
GREATER JOHNSTOWN REGIONAL PAC From:				<u>1/1/2015</u> To:				/30/2015	
					TE		А	MOUNT	
Full Name of Contributing Commit FNB Corporation PAC	tee			мо	DAY	YEAR			
Mailing Address 3015 Glimcher	Blvd						\$	2,000.00	
City Hermitage	State PA	Zip Cod 16148	e (Plus 4)	2	24	2015			
Fator Crowd Total of Port Com	ana Castia	- 2		ſ		PAGE TOTAL			
Enter Grand Total of Part C on a	Schedule I, Detai	ied Summary Pa	age, Sectio	п 3.			\$	2,000.00	

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 Re				Repo	Reporting Period					
GREATER JOHNSTOWN REGIONAL PAC	2			Fron	n:	<u>1/1/2</u>	015 To):	<u>3/30/2015</u>	
					DA	ATE		АМ	IOUNT	
Full Name of Contributor Mark E Pasquerilla					мо	DAY	YEAR			
Mailing 945 Menoher Blvd								\$	1,500.00	
City Johnstown	State	Zij	p Code (Plus	4)	2	24	2015			
	PA 15905									
Employer Name Crown American Corp						i on P	residen	t/CEO		
Employer Mailing Address/Principal Place of City Business						State		Zip Code	e (Plus 4)	
Business 1 Pasquerilla Plz Johnstown				'n		PA		15901		
Full Name of Contributor Mark E Pasquerilla					мо	DAY	YEAR			
Mailing 945 Menoher Blvd								\$	2,000.00	
City Johnstown	State	Zij	p Code (Plus	4)	1	26	2015			
	PA	15	5905							
Employer Name Crown American Corp					Occupation President/CEO					
Employer Mailing Address/Principal Plac Business	e of		City		1	State		Zip Code	e (Plus 4)	
1 Pasquerilla Plz			Johnstow	'n		PA		15901		
Full Name of Contributor William C Polacek					мо	DAY	YEAR			
Mailing Address 437 Leventry Road								\$	2,000.00	
City Johnstown	State	Zij	p Code (Plus	4)	1	22	2015			
PA 15904										
Employer Name Johnstown Welding and Fabrication				Occupation President						
Employer Mailing Address/Principal Place of City Business					State			Zip Code (Plus 4)		
P O Box 1286 84 Iron Street Johnstown					PA 15907					

Full Name of Con	ull Name of Contributor									
Kim Kunkle					мо	DAY	YEAR			
Mailing Address	2221 Crabtree Lane							\$	2,000.00	
City Johnstow	'n	State	Zi	p Code (Plus 4)	1	22	2015			
501113000		РА	15	5905						
Employer Name	Laurel Holdings, Inc.				Occupat	t ion P	resident	I		
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (I	Plus 4)	
111 Rosevelt Bo	ulevard			Johnstown		PA		15906		
Full Name of Con	tributor			-			- 			
Elmer C Laslo					мо	DAY	YEAR			
Mailing Address	501 Corrigan Drive							\$	2,000.00	
City Johnstow	n .	State	Zi	p Code (Plus 4)	1	26	2015			
501113000	PA 15904									
Employer Name 1st Summit Bank					Occupation					
					President					
Employer Mailing Address/Principal Place of City Business					State		Zip Code (I	Plus 4)		
125 Donald Lane				Johnstown		PA		15904		
Full Name of Contributor										
Full Name of Con	tributor									
Full Name of Con Robert J Eyer	tributor				мо	DAY	YEAR			
	tributor 129 Forest Circle				мо	DAY	YEAR	\$	2,000.00	
Robert J Eyer Mailing Address		State	Zi	p Code (Plus 4)	мо	DAY 11	YEAR 2015	\$	2,000.00	
Robert J Eyer Mailing Address		State PA		p Code (Plus 4) 5946				\$	2,000.00	
Robert J Eyer Mailing Address	129 Forest Circle					11	2015	\$ Sharehold		
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing	129 Forest Circle	РА			2	11	2015 Ianagin <u>c</u>		ler	
Robert J Eyer Mailing Address City Portage Employer Name	129 Forest Circle Wessel & Company	РА		5946	2	11 tion M	2015 Ianagin <u>c</u>	g Sharehold	ler	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business	129 Forest Circle Wessel & Company Address/Principal Plac	РА		City	2	ion M	2015 Ianagin <u>c</u>	Sharehold Zip Code (F	ler	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business 215 Main Street Full Name of Con	129 Forest Circle Wessel & Company Address/Principal Plac	РА		City	- 2 Occupat	11 tion M State PA	2015 Ianaging	Sharehold Zip Code (F	ler	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business 215 Main Street Full Name of Con Edward J Sheeha Mailing Address	129 Forest Circle Wessel & Company Address/Principal Place	РА	15	City	- 2 Occupat	11 tion M State PA	2015 Ianaging	Sharehold Zip Code (1 15901	ler Plus 4)	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business 215 Main Street Full Name of Con Edward J Sheeha Mailing	129 Forest Circle Wessel & Company Address/Principal Place	PA e of	15 Zij	City Johnstown	2 Occupat	ion M State PA DAY	2015 Ianaging	Sharehold Zip Code (1 15901	ler Plus 4)	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business 215 Main Street Full Name of Con Edward J Sheeha Mailing Address	129 Forest Circle Wessel & Company Address/Principal Place	PA e of State PA	15 Zij	City Johnstown	2 Occupat	ion M 25	2015 Ianaging	s Sharehold Zip Code (F 15901	ler Plus 4)	
Robert J Eyer Mailing Address City Portage Employer Name Employer Mailing Business 215 Main Street Full Name of Con Edward J Sheeha Mailing Address City Johnstow	129 Forest Circle Wessel & Company Address/Principal Place tributor an 802 Luzerne Street	PA e of State PA ies Corp	15 Zij	City Johnstown	Cocupat	ion M 25	2015 Ianaging YEAR 2015 resident	s Sharehold Zip Code (F 15901	ler Plus 4) 500.00	

Full Name of Contributor Sara Ann Sargent					DAY	YEAR		
Mailing Address 106 N 2nd Street							\$ 2,000.00	
City Clearfield	StateZip Code (Plus 4)PA16830			3	30	2015		
Employer Name Sargent's Court Rep	orting	-		Occupation President				
Employer Mailing Address/Principal Pla Business	ice of		City	State			Zip Code (Plus 4)	
210 Main Street			Johnstown	PA			15901	
Enter Grand Total of Part C on Sch			PAGE TOTAL					
						4	1 4,000.00	

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 Candidat	2		Report	ing Perio	od				
	From				rom: To:				
				D	ATE			AMOUNT	Ē
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address					Γ	4	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section								PAGE TO	TAL
iter Grand Total of Part E on Schedule 1, Detailed Summary 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 Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>1/1/2015</u> To:	<u>3/30/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PE	ER CONTRIBUTOR		
TOTAL for the Reporting Per	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Per	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Per	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (A amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		\$	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		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4))					
Description of Contribution:	Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai				mary Pag	je,	PAG	E TOTAL	
Section 2.					4	;	0.00	

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

Name of Filing Committee or Candidate	1				Re	porting P	Period			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor	•		•		Occupation					
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption	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>1/1/2015</u> To:			<u>3/30/2015</u>	
			DATE				AMOUNT
To Whom Paid Wessel & Company			мо	DAY	YEAR		
Mailing Address 215 Main Street			1	29	2015	\$	2,007.50
City Johnstown	State PA	Zip Code (Plus 4) 15901	Description of Expenditure Accounting Fees				
To Whom Paid Tom Wolf for Governor			мо	DAY	YEAR		
Mailing Address P O Box 22454			2	23	2015	\$	1,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution Expense				
To Whom Paid Ameriserv Financial			мо	DAY	YEAR		
Mailing Address 216 Franklin Street			1	31	2015	\$	3.00
City Johnstown	State PA	Zip Code (Plus 4) 15907	Description of Expenditure Bank Service Charge				
To Whom Paid Ameriserv Financial			мо	DAY	YEAR		
Mailing Address 216 Franklin Street			2	28	2015	\$	3.00
City Johnstown	State PA	Zip Code (Plus 4) 15907		Description of Expenditure Bank Service Charge			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 3,513.50