

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		✓		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. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	3	2015					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						1	1	2015					
						3	30	2015					
A. Amount Brought Forward From Last Report						\$ 816.01							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 16,000.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 16,816.01							
D. Total Expenditures (From Schedule III)						\$ 3,513.50							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 13,302.51							
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>1/1/2015</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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 16,000.00
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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	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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 Candidate	Reporting Period
	From: To:

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$0.00
Mailing Address				
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 Candidate	Reporting Period
GREATER JOHNSTOWN REGIONAL PAC	From: <u>1/1/2015</u> To: <u>3/30/2015</u>

DATE				AMOUNT
Full Name of Contributing Committee				
FNB Corporation PAC				
Mailing Address				
3015 Glimcher Blvd				
City	State	Zip Code (Plus 4)		
Hermitage	PA	16148		
		2	24	2015
				\$ 2,000.00

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

PAGE TOTAL
\$ 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 GREATER JOHNSTOWN REGIONAL PAC	Reporting Period From: <u>1/1/2015</u> To: <u>3/30/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mark E Pasquerilla							
Mailing Address 945 Menoher Blvd							\$ 1,500.00
City Johnstown	State PA	Zip Code (Plus 4) 15905		2	24	2015	
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	
Mark E Pasquerilla							
Mailing Address 945 Menoher Blvd							\$ 2,000.00
City Johnstown	State PA	Zip Code (Plus 4) 15905		1	26	2015	
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	
William C Polacek							
Mailing Address 437 Leventry Road							\$ 2,000.00
City Johnstown	State PA	Zip Code (Plus 4) 15904		1	22	2015	
Employer Name Johnstown Welding and Fabrication				Occupation President			
Employer Mailing Address/Principal Place of Business P O Box 1286 84 Iron Street			City Johnstown		State PA	Zip Code (Plus 4) 15907	

Full Name of Contributor Kim Kunkle				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 2221 Crabtree Lane				1	22	2015	
City Johnstown	State PA	Zip Code (Plus 4) 15905					
Employer Name Laurel Holdings, Inc.				Occupation President			
Employer Mailing Address/Principal Place of Business 111 Roosevelt Boulevard			City Johnstown		State PA	Zip Code (Plus 4) 15906	

Full Name of Contributor Elmer C Laslo				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 501 Corrigan Drive				1	26	2015	
City Johnstown	State PA	Zip Code (Plus 4) 15904					
Employer Name 1st Summit Bank				Occupation President			
Employer Mailing Address/Principal Place of Business 125 Donald Lane			City Johnstown		State PA	Zip Code (Plus 4) 15904	

Full Name of Contributor Robert J Eyer				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 129 Forest Circle				2	11	2015	
City Portage	State PA	Zip Code (Plus 4) 15946					
Employer Name Wessel & Company				Occupation Managing Shareholder			
Employer Mailing Address/Principal Place of Business 215 Main Street			City Johnstown		State PA	Zip Code (Plus 4) 15901	

Full Name of Contributor Edward J Sheehan				MO	DAY	YEAR	\$ 500.00
Mailing Address 802 Luzerne Street				2	25	2015	
City Johnstown	State PA	Zip Code (Plus 4) 15905					
Employer Name Concurrent Technologies Corp				Occupation President/CEO			
Employer Mailing Address/Principal Place of Business 100 CTC Drive			City Johnstown		State PA	Zip Code (Plus 4) 15904	

Full Name of Contributor Sara Ann Sargent				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 106 N 2nd Street				3	30	2015	
City Clearfield	State PA	Zip Code (Plus 4) 16830					
Employer Name Sargent's Court Reporting				Occupation President			
Employer Mailing Address/Principal Place of Business 210 Main Street			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
\$ 14,000.00

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 Candidate	Reporting Period From: To:
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
<div style="display: flex; justify-content: space-between;"> City State Zip Code (Plus 4) </div>				
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>1/1/2015</u> To: <u>3/30/2015</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 RECEIVED - 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

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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			MO	DAY	YEAR	\$ 2,007.50
Mailing Address 215 Main Street			1	29	2015	
City Johnstown	State PA	Zip Code (Plus 4) 15901	Description of Expenditure Accounting Fees			
To Whom Paid Tom Wolf for Governor			MO	DAY	YEAR	\$ 1,500.00
Mailing Address P O Box 22454			2	23	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution Expense			
To Whom Paid Ameriserv Financial			MO	DAY	YEAR	\$ 3.00
Mailing Address 216 Franklin Street			1	31	2015	
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			2	28	2015	
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

