#### **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 :	on 2001	1154				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST				
Name of Filing C	Committee, Candid	late or L	obbyist:		GRE	ATE	R JOH	HNSTOW	N REG	IONA	L PAC						_		
Street Address:	Street Address:																		
City:	City: JOHNSTOWN								State: PA					<b>Zip Code:</b> 15901					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2.X 30 DAY PRIMAR						POST- 3.			AMENDM REPORT		Yes	No	Y			
(place X to the right of						30 DA ELECT	• •	POST-	6.		TERMINA REPORT		Yes	No	٧				
report type)	ANNUAL REPORT	7.	<b>Year</b> 2003				FILING METHOD ( ) CHECK ONE					PAPER		<b>V</b>	DISKE	TTE			
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,		
								МО	DAY	YE	AR	Number	Toolie			Couc			
								11		4	2003		(SEE IN	ISTRUCTI	ONS FOR C	ODES)	_		
Summary of Expenditures	Receipts and	МО	DAY Y	'EAR	l			МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY				
Expenditures			1 1		1	Т	<u> </u>	5		5	2003								
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			28,0	45.45								
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	ı)	\$			5,0	19.34								
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			33,0	64.79								
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			33,0	64.79								
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	()	\$				0.00								
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•					
			,	AFF	IDA	٩VI	T SE	CTION											
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f th	is is	a Can	ndidate r	eport, o	candi	date sig	ın here.							
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sche	dules	filed	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true	b,		
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort				
	Signatu	ıre					-					Prin	ted Nam	e			•		
My Commission Ex	cpires						_					Ema	il						
	мо	D	AY	ΥR					Are	ea Coc	e	Daytim	e Telepi	none Nu	mber				
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	e, C	andida	ate shall	sign h	ere.									
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	ı		
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate					
-	day of						-					Printe	d Name				.		
	Signature						-										.		
My Commission Exp	ires											Ema							
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephor	e Numbe	er			

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

-			
Name of Filing Committee or Candidate	Reporting Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	To:	5/5/2003
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	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)		\$	5,000.00
TOTAL for the Reporting	Period (3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	19.34
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	5,019.34

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu									
Name of Filing Committee or Candidate				Reporting Period						
			Fre	om:		То	:			
		<u> </u>			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	)							
	•				•	•	$\overline{}$	DACE 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 Filing Committee or Candidate					Reporting Period						
F						D:					
					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 Candidate			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 Candidate				Rep	orting Pe	riod				
GREATER JOHNSTOWN REGIONAL PAC				Fron	n:		To	5/5/2003		
					D/	ATE		AMOUNT		
Full Name of Contributor					МО	DAY	YEAR			
FRED SUPPES					МО	DAT	TEAR			
Mailing 101 MAIN STREET Address								\$ 2,000.00		
City JOHNSTOWN	State Zip Code (Plus 4			4)	4	11	2003			
	PA	PA 15901								
Employer Name SUPPES MOTOR SALES					Occupat	t <b>ion</b>	RESIDE	ENT		
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip Code (Plus 4)		
Dusiness										
						1	<u> </u>			
Full Name of Contributor					мо	DAY	YEAR			
KIM KUNKLE								Ц		
Mailing 2221 CRABTREE LANK Address	<b>=</b>							\$ 2,000.00		
City JOHNSTOWN	State	Zip	Code (Plus	4)	4	25	2003			
	PA	159	905							
Employer Name LAUREL HOLDINGS					Occupation PRESIDENT					
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code (Plus 4)		
Business										
Full Name of Contributor						- 4 1/	\			
ELMER C. LASLO					МО	DAY	YEAR			
Mailing 501 CORRIGAN DRIV	E							\$ 1,000.00		
City JOHNSTOWN	State	Zip	Code (Plus	4)	4	30	2003			
	PA	159	904							
Employer Name 1ST SUMMIT BANK					Occupation CEO/PRESIDENT			ESIDENT		
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip Code (Plus 4)		

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

PAGE TOTAL

5,000.00

\$

# 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 Repo					orting Period					
GREATER JOHNSTOWN REGIONAL PAC			From:			To:		5/5/2003		
				D	ATE			AMOUNT		
Full Name  AMERISERV FINANCIAL				МО	DAY	YEAR				
Mailing Address 216 FRANKLIN STRE	ET						\$	19.34		
<b>City</b> JOHNSTOWN	<b>State</b> PA	<b>Zip Code (</b> 15907	Plus 4)	4	30	2003	3			
Receipt Description INTEREST INCO	OME									
Enter Grand Total of Part E on Schedu	le T. Detailed Sum	mary Page	Section	4				PAGE TOTAL		
The state of the London denough	iio 1, Detailed built	a. , i ugc,		••			\$	19.34		

#### **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:	То:	<u>5/5/2003</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)									
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 Candidate Re				Reporting Period					
	From:								
		DATE		AMOUNT					
Full Name of Contributor	МО	DAY	YEAR						
Mailing Address						<b>\$</b>	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	ımarv Pad	ne. F		PAGE TOTAL		
Section 2.				,		\$			
						Τ	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	Reporting Period					
					Fro	om:		To:	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 Place of Business City State						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.					ed				<b>PAGE TOTAL</b> 0.00		

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period					
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00