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 | .154 | | | | port ed B | | CANDI | IDIDATE COMMITTEE V LOBBYIST | | | | | | | | |
|--|---------------------------------|------------|------------------------|--------|--------|--------------|----------------|-------------|------------------------------|-------------|------------|--------------------|----------------|----------|-----------|---------------|----|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | • | GRE | ATE | R JOH | INSTOW | N REG | IONA | L PAC | | | | | | |
| Street Address: | 111 MARKET | ST | | | | | | | | | | | | | | | |
| City: | JOHNSTOWN | | | | | | | State: | PA | | | Zip Cod | le: 15 | 5901-0 | 000 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - 2 | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | No | ` | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - ! | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | ` | |
| report type) | ANNUAL REPORT | 7. | Year 2016 | | | | | IG METH | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | • | | | | | DATE C | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Count Code | У |
| | , | | | | | | | МО | DAY | YE | AR | - rumber | Couc | | | Couc | |
| | | | | | | | | 11 | | 8 | 2016 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | |
| • | Receipts and | МО | DAY Y | /EAR | | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s from: | | 4 12 | 20 | 016 | T | 0 | 5 | | 16 | 2016 | | | | | | |
| A. Amount Bro | ught Forward Froi | n Last R | eport | | | | \$ | | | 11,8 | 31.01 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 6,2 | 50.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 18,0 | 81.01 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 1,0 | 03.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) |) | | | \$ | | | 17,0 | 78.01 | | | | | | |
| 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 | | | 1 | | | |
| | | | , | AFF | IDA | ٩VI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | ere.] | [f thi | is is | a Can | didate r | eport, o | candio | late sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sche | dules | filed | d on | paper o | or by elect | ronic m | edium, | , are to t | he best o | f my kno | wledge | and belie | ef , tru | e, |
| Sworn to and subs | cribed before me thi day of | 5 | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | - |
| | Signatu | re | | | | | - | | | | | Prin | ted Nam | e | | | - |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | - |
| | МО | D | AY | YR | | | | | Are | ea Cod | e | Daytim | e Telepi | none Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | omn | iitte | e, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowl | edge and belief | this | polit | tical | commi | ittee has r | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, | |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| , | | | | | | | | | | | | | | | | | |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | 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 | From: | <u>4/12/201</u> | <u>6</u> To: | 5/16/2016 |
| 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) | \$ | 250.00 | | |
| TOTAL for the Reporting | J Period | (2) | \$ | 250.00 |
| 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) | | | \$ | 6,000.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 6,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J 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 | | | \$ | 6,250.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|------------------|----|------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Reporting Period | | | | | |
| | | | From: To | | | o: | | |
| | | <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

GREATER JOHNSTOWN REGIONAL PAC

From: $\frac{4/12/2016}{1}$ To:

DATE

5/16/2016

AMOUNT

| Full Name of Contributor Edward J Sheehan | | | | DAY | YEAR | |
|---|------------------------------------|--------------------------------|---|-----|------|-----------|
| Mailing Address 802 Luzerne Street | Mailing Address 802 Luzerne Street | | | | | \$ 250.00 |
| Johnstown | State PA | Zip Code (Plus 4) 15905 | 5 | 2 | 2016 | |

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

PAGE TOTAL \$ 250.00

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 | ne 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: | <u>4/12/2</u> | 016 To | o : | <u>5/16/2016</u> | |
| | | | | | DA | ATE | | АМ | IOUNT | |
| Full Name of Contributor Elmer C Laslo | | | | | мо | DAY | YEAR | | | |
| Mailing 501 Corrigan Drive | | | | | | | | \$ | 2,000.00 | |
| City Johnstown | State | Zip | Code (Plus | 4) | 4 | 14 | 2016 | 5 | | |
| | PA | 15 | 904 | | | | | | | |
| Employer Name 1st Summit Bank | | | | | Occupation President | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | ı | State | | Zip Code | e (Plus 4) | |
| 125 Donald Lane | | | Johnstow | 'n | | PA | | 15904 | | |
| Full Name of Contributor Kim Kunkle | | | | | МО | DAY | YEAR | | | |
| Mailing Address 2221 Crabtree Lane | | | | | | | | \$ | 2,000.00 | |
| City Johnstown | State | Zip | Code (Plus | 4) | 4 | 14 | 2016 | 5 | | |
| | PA | 15 | 905 | | | | | | | |
| Employer Name Laurel Holdings, Inc. | | | | | Occupat | ion F | residen | it | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | | State | | Zip Code | e (Plus 4) | |
| 111 Roosevelt Boulevard | | | Johnstow | 'n | | PA | | 15906 | | |
| Full Name of Contributor | | | | | | | | | | |
| William C Polacek | | | | | МО | DAY | YEAR | | | |
| Mailing 437 Leventry Road | | | | | | | | \$ | 2,000.00 | |
| City Johnstown | State | Zip | Code (Plus | 4) | 5 | 2 | 2016 | · | | |
| | PA | 15 | 904 | | | | | | | |
| Employer Name Johnstown Welding and Fabrication | | | | Occupation President | | | | | | |
| Employer Mailing Address/Principal Plac Business | imployer Mailing Address/Principal Place of City Susiness | | | | State | | | Zip Code (Plus 4) | | |
| PO Box 1286 84 Iron Street | | | Johnstow | 'n | | PA | | 15907 | | |

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

PAGE TOTAL

6,000.00

\$

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 Co | andidate | | Report | ting Perio | bd | | | |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AN | 10UNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T Detaile | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | 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 Perio | d | | | | | | | |
|--|-----------------|-----------------------------|------------------|--|--|--|--|--|--|
| GREATER JOHNSTOWN REGIONAL PAC | From: | <u>4/12/2016</u> To: | <u>5/16/2016</u> | | | | | | |
| 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 | 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, 1 | | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidat | :e | | Reporting | g Period | | | |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
| | | | From: | | | 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 Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting | Period | | | |
|--|-------------|--------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ation | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | n-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | |
|---------------------------------------|------------------|------|---------------|-----|-----------|--|
| GREATER JOHNSTOWN REGIONAL PAC | From | 4/12 | <u>2/2016</u> | To: | 5/16/2016 | |
| | | DATE | | | AMOUNT | |
| To Whom Paid | мо | DAY | YEAR | | | |

| | | | | | | | AMOUNT | |
|---|----------|--|----|--|------|----------|------------|--|
| To Whom Paid Wessel & Company | | | мо | DAY | YEAR | | | |
| Mailing Address 215 Main St | reet | | 5 | 16 | 2016 | \$ | 1,000.00 | |
| City Johnstown State Zip Code (Plus 4) PA 15901 | | | | Description of Expenditure Accounting Fees | | | | |
| To Whom Paid AmeriServ Financial | | | МО | DAY | YEAR | | | |
| Mailing Address 216 Franklin | n Street | | 4 | 30 | 2016 | \$ | 3.00 | |
| City Johnstown State PA Zip Code (Plus 4) Description of Expenditur Bank Service Charge | | | | | | | | |
| | | | | | | | PAGE TOTAL | |
| inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | \$ | 1,003.00 | | |