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 2017	0119			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:				ICAN PE	NNSYL\	/ANI/	A FUNE)						
Street Address:	552 ELKNUD	LANE															
City:	JOHNSTOWN						State: PA Z					Zip Code: 15905					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X	30 DA PRIM		POST- 3.			AMENDI REPORT		Yes	No	 ✓ 		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 DA ELEC		POST- 6.			TERMIN REPORT		Yes	No	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2017 FILING METHO () CHECK ON								PAPER		\checkmark	DISKE	TTE		
Name of Office S	Gought by Candidat	te:					DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YE	YEAR					•		
							11		7	2017		(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:		3 28	20	017 T	0	5		1	2017							
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$				0.00							
B. Total Monet	ary Contributions	And Reco	eipts (From	n Sche	dule I)	\$			255,0	00.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			255,0	00.00							
D. Total Expen	ditures (From Sche	edule II	[)			\$			27,5	15.00							
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$		2	227,4	85.00							
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	le II)	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		\$				0.00		·					
				AFF	IDAVI	T SE	CTION										
	s a Committee repo		-					• •			-						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sci	hedules	s filed on	paper	or by elect	ronic me	edium,	, are to	the best o	of my knov	vledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of	1	20						S	ignatur	e of Perso	on Submitt	ing Rep	oort			
	Signatu	re	-			-					Prir	ited Name	1				
My Commission Ex	-										Ema	nil					
	мо	DA	AY	YR		_		Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.								
No 320) as amendo		ıy knowle	dge and beli	ef this	political	comm	ittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,		
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite				
						-					Printe	ed Name					
My Commission Exp	Signature ires					-					Ema	iil					
	мо	DA	AY	YR		-		Area	Code		D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GREAT AMERICAN PENNSYLVANIA FUND From: <u>3/28/2017</u> To: <u>5/1/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 255,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 255,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 255,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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	porting I					
Fro					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			orting P	eriod				
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
							-	PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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			Rep	orting Pe	riod				
GREAT AMERICAN PENNSYLVANIA FUN	D		From	n:	<u>3/28/2</u>	<u>017</u> To	: <u>5/1/2017</u>		
				DA	TE		AMOUNT		
Full Name of Contributor ROBERT A. GLEASON, JR.				мо	DAY	YEAR			
Mailing 552 ELKNUD LANE Address							\$ 5,000.00		
City JOHNSTOWN	State PA	Zip Code (Plus	: 4)	3	30	2017			
Employer Name RETIRED				Occupat	ion				
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)		
Full Name of Contributor JOSEPHINE TEMPLETON				мо	DAY	YEAR			
Mailing 601 PEMBROKE ROAD							\$ 250,000.00		
City BRYN MAWR	State PA	Zip Code (Plus	: 4)	3	31	2017			
Employer Name RETIRED				Occupat	ion				
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)		
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			PAGE TOTAL		

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	Name of Filing Committee or Candidate			ing Perio	od				
Fr				From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	TAL
		iaiy raye,	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		
GREAT AMERICAN PENNSYLVANIA FUND	From:	<u>3/28/2017</u> то:	<u>5/1/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate Ro			Reporting Period						
	From:			То:					
		DATE		AMOUNT					
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	Mailing Address					\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
					DATE A					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus Description 4)			ption o	of Contribution

Enter Grand Total of Part G on Schedule	II. In-Kind Co	ontributions De	ailed	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reportin	ng Period				
GREAT AMERICAN PENNSYLVA	NIA FUND		From	<u>3/28</u>	<u>8/2017</u>	То:	<u>5/1/2017</u>	
				DATE			AMOUNT	
To Whom Paid WAGNER FOR GOVERNOR	мо	DAY	YEAR					
Mailing Address PO BOX 141				11	2017	\$	25,000.00	
CityMANCHESTERStateZip Code (Plus 4)PA17345				Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid FRIENDS OF GUY				DAY	YEAR			
Mailing Address PO BOX 231	156		4	17	2017	\$	2,500.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222		ition of Exp IGN CONT				
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR			
Mailing Address PO BOX 520)		3	31	2017	\$	15.00	
CityJOHNSTOWNStateZip Code (Plus 4)PA15907				ition of Exp ING WIRE				
Enter Grand Total of Expend	litures on Page 1. Re	nort Cover Page Item I	<u> </u>				PAGE TOTAL	
	itures on Fage 1, Ke	port cover rage, item i	<i>.</i>			\$	27,515.00	