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 E | | CAND | IDATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|---------------------------------|----------------------------------|------------|-----------------------|----------|-------------------|--------------|---------------------|-----------|-------------|----------|--------------------|----------------|--------------|---------|--------------|--------------|
| Name of Filing C | Committee, Candida | ate or Lo | obbyist: | | | - | RICAN PE | NNSYL | VANI | A FUNE |) | | | | | |
| Street Address: 552 ELKNUD LANE | | | | | | | | | | | | | | | | |
| City: | JOHNSTOWN | | | | | | State: PA Zip Code: | | | | | de: 15 | 905 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 D PRIM | | POST- | 3. X | | AMENDN REPORT | | Yes | N | D | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | E- 5. | 30 D ELEC | AY CTION | POST- | POST- 6. | | TERMIN REPORT | | Yes | N | C | \checkmark |
| | | | | | | | NG METH | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office S | Gought by Candidat | te: | | | | | DATE (| OF ELE | СТІО | N | District Number | Office Code | Par | ty Code | Coun Code | |
| | | | | | | | мо | DAY | YE | AR | | | | | 1 | |
| | | | | | | | 11 | L | 7 | 2017 | | (SEE INS | STRUCTI | ONS FOR | CODES) | 1 |
| | Receipts and | мо | DAY | YEAR | Ł | | мо | DAY | YI | AR | FC | OR OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 5 2 | 2 | 017 T | 0 | 6 | 5 | 5 | 2017 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | \$ | 5 | | 227,4 | 485.00 | | | | | | |
| B. Total Monet | ary Contributions | And Reco | eipts (Fron | n Sche | dule I) | \$ | \$ 0.00 | | | | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | 4 | 5 | | 227,4 | 185.00 | | | | | | |
| D. Total Expen | ditures (From Sche | edule II | [) | | | \$ | \$ | | 2,0 | 00.00 | | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | 4 | 5 | 2 | 225,4 | 85.00 | 4 | | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedu | le II) | 4 | 5 | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | chedule IV | /) | | 4 | \$ | | | 0.00 | | | | | | |
| | | | | AFF | IDAVI | T SE | ECTION | | | | | | | | | |
| | s a Committee repo | | - | | | | | • • | | | - | | | | | |
| correct and comple |) that this report, incl ete. | uaing the | attached sc | nedule | s filed on | paper | or by elec | tronic m | eaium | , are to | the best o | от ту кпоч | viedge | and bei | ief , tri | ıe' |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | S | ignaturo | e of Perso | n Submitt | ing Rep | oort | | - |
| | Signatu | re | | | | _ | | | | | Prin | ted Name | | | | - |
| My Commission Ex | cpires | | | | | _ | | | | | Ema | il | | | | _ |
| | мо | DA | NY | YR | | | | Are | ea Coc | le | Daytin | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's a | authorized | Comn | nittee, C | andic | date shall | sign he | ere. | | | | | | | |
| No 320) as amende | | ıy knowle | dge and beli | ief this | political | comn | nittee has i | not viola | 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 | | _ | | Email | | | | | | - | | | | | | |
| | мо | DA | λY | YR | 1 | - | | Area | Code | | D | aytime Te | elephon | e Numl | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Pag | - | | | |
|--|----------------|--------------|-----------------|------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| GREAT AMERICAN PENNSYLVANIA FUND | <u>5/2/201</u> | <u>7</u> To: | <u>6/5/2017</u> | |
| 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 | g 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) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | | | | |
| TOTAL for the Reporting | g 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 | | | \$ | 0.00 |

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 | | | | | Reporting Period | | | | | | |
|---------------------------------------|-------|----------------|-----|-----|------------------|------|----|------------|--|--|--|
| | | | Fre | om: | | То | : | | | | |
| | | | | | 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 | orting P | eriod | | | |
| From: | | | | | | То |): | |
| | | | | | 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 S | Schedule I, Detai | led Summary Pag | je, Se | ection 2 | 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 Commit | ttee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C on | Schedule I, Detail | ed 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 | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМ | OUNT |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3. | | Γ | PA | GE TOTAL |
| | , | | , . <u>.</u> | - | | | \$ | 0.00 |

I

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 | | | Reporting Period | | | | | | |
|---------------------------------------|---------------------------------------|------------|---------|------------------|-----|------|----|---------|------|--|
| | | | From: | | | То: | | | | |
| | | | | D | ATE | | | AMOUNT | ſ | |
| Full Name | | | | мо | DAY | YEAR | | | | |
| Mailing Address | Mailing Address | | | | | | \$ | 5 | 0.00 | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | · | | | | | • | • | | | |
| Enter Grand Total of Part E on Sched | ule T. Detailed Sum | mary Page | Section | 4 | | | | PAGE TO | TAL | |
| | | | 20000 | | | | \$ | | 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>5/2/2017</u> то: | <u>6/5/2017</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 | ſF) | | |
| 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 | Reporting Period | | | | | | | |
|--|--------------------|-------------------|----------|----------|------|------|-------|--|
| | From: | | | То: | | | | |
| | | | | DATE | | АМО | UNT | |
| 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 Sched Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | je, | PAGE | TOTAL | |
| | | | | | 4 | 6 | 0.00 | |

0.00

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

| Name of Filing Committee or Candidate | | | | | | Reporting Period | | | | | | |
|---|------------------|------|------------|---------|-----|------------------|-----------|--------|----------|--------------|--|--|
| | | | | | Fro | m: | | То: | | | | |
| | | | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | | |
| City | State | | Zip Code(I | Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | | Occupat | l tion | | <u> </u> | | | |
| Employer Mailing Address/Prin Business | ncipal Place of | City | | State | | Zip 4) | Code(Plus | Descri | ption of | Contribution | | |
| Enter Grand Tatal of Dart | C on Schodula II | | Contribut | | | d | | | | PAGE TOTAL | | |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | PAGE 1 |
|--|--------|

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | |
|---|--------------------|-----------------------------------|--|------------|--------|-----|----------------------------|
| GREAT AMERICAN PENNSYLVANIA FUND | | | From | <u>5/2</u> | 2/2017 | То: | <u>6/5/2017</u> |
| | | | DATE | | | | AMOUNT |
| To Whom Paid JUDGE FURLONG ELECTION COMMITTEE | | | мо | DAY | YEAR | | |
| Mailing Address 15041 KELVIN AVENUE | | | 5 | 3 | 2017 | \$ | 250.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19116 | Description of Expenditure CAMPAIGN CONTRIBUTION | | | | |
| To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLOR | | | мо | DAY | YEAR | | |
| Mailing Address 1205 LOCUST STREET SUITE 100 | | | 5 | 3 | 2017 | \$ | 250.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure CAMPAIGN CONTRIBUTION | | | | |
| To Whom Paid 31ST WARD REPUBLICAN COMMITTEE | | | мо | DAY | YEAR | | |
| Mailing Address 2520 EDGEMONT STREET | | | 5 | 6 | 2017 | \$ | 500.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19125 | Description of Expenditure CAMPAIGN CONTRIBUTION | | | | |
| To Whom Paid SUSAN LAYTON | | | мо | DAY | YEAR | | |
| Mailing Address 1308 CAMBRIA AVENUE | | | 6 | 2 | 2017 | \$ | 1,000.00 |
| City WINDBER | State PA | Zip Code (Plus 4) 15963 | Description of Expenditure ADMINISTRATIVE EXPENSE | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | PAGE TOTAL 2,000.00 |