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 | | | Rep File | oort | | CANDIDATE COMMITTEE V LOBBYIST | | | | | | | | | | |
|------------------------------------------|----------------------------------|-----------|----------------------|---------|-------------|------------|--------|--------------------------------|--------|----------|-------------|------------|-----------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | ate or Lo | obbyist: | | GRE | ATE | R JOI | HNST | IWC | N REG | ONA | L PAC | | | | | | |
| Street Address: | 111 MARKET | ST | | | | | | | | | | | | | | | | |
| City: | JOHNSTOWN | | | | | | | State | e: | PA | | | Zip Code: 15901-0000 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2 | 2. | 30 DA | | Р | OST- | 3. | | AMENDM REPORT | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDATELECTION | y pri | <u>-</u> ! | 5. | 30 DA | | Р | OST- | 6. X | | TERMINATION Yes REPORT? | | | No | • | / |
| report type) | ANNUAL REPORT | 7. | Year 2017 | | | | | NG ME CHECI | | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | - Sought by Candida | te: | | | | | | DAT | ΕO | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | Count | ty |
| | | | | | | | | МО | | DAY | YE | AR | | 1 | | | | |
| | | | | | | | | | 11 | | 7 | 2017 | | (SEE IN | STRUCTIO | ONS FOR (| CODES) | |
| | Receipts and | МО | DAY | YEAR | ł | | | МО | | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | irom: | - | 10 24 | 2 | 017 | Т | 0 | | 11 | 2 | 27 | 2017 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | | 8,5 | 42.01 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From | Sche | dule | I) | \$ | | | | 2,5 | 00.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | \$ 11,042.01 | | | | | | | | | | |
| D. Total Expen | ditures (From Scho | edule II | I) | | | | \$ | | | | 10,5 | 34.98 | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line (| C) | | | \$ | | | | 5 | 07.03 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II |) | \$ | | | | 7 | 85.25 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV |) | | | \$ | | | | | 0.00 | | | | | | |
| | | | | AFF | IDA | \VI | T SE | CTIC | N | | | | | | | | | |
| | a Committee rep | - | _ | | | | | | | | | _ | | | | | | |
| I swear (or affirm) correct and complete |) that this report, incl ete. | uding the | e attached scl | hedule | s filed | d on | paper | or by e | lectr | onic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ıe. |
| Sworn to and subs | cribed before me this day of | • | 20 | | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | | _ |
| | | | | | | | - - | | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | Signatu opires | re | | | | | | | | | | | Ema | il | | | | - |
| | мо | D | AY | YR | | | _ | | , | Are | ea Cod | e | Daytim | e Teleph | none Nu | mber | | _ |
| Part II- If this is | a report of a cand | lidate's | authorized | Comn | nitte | e, C | andid | ate sh | nall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and beli | ef this | polit | ical | comm | ittee h | as no | ot viola | ted an | y provisi | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subso | ribed before me this | | | | | | | | | | | Si | ignature o | of Candid | ate | | | - |
| | day of | | _ 20 | | | | - | | | | | | Printa | d Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | | _ |
| My Commission Exp | - | | | | | | | | • | | | | Ema | il | | | | |
| | МО | D | AY | YR | 1 | | - | | | Area | Code | | Da | aytime T | elephon | e Numb | er | · |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|--------------|------------|
| GREATER JOHNSTOWN REGIONAL PAC | From: | 10/24/201 | <u>7</u> To: | 11/27/2017 |
| 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) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 2,500.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 2,500.00 |
| 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 | | | \$ | 2,500.00 |

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 | | Re | porting | 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 Candidat | re | | Rep | oorting Po | eriod | То | n: | |
|--------------------------------------|-------|-------------------|-----|------------|-------|------|----------|------|
| | | | | | DATE | | AMOUN | т |
| | | | _ | | | | 71.10011 | • |
| 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 Candi | date | | 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 | | | | | Reporting Period | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|------|-----------|------------------|------|-------------------------|-----------------|------------|-----------------|--|
| GREATER JOHNSTOWN REGIONAL PAC | | | Fron | m: | 10/24 | 1/20 |) <u>17</u> To : | 1 | 11/ | <u>/27/2017</u> | |
| | | | | D/ | ATE | | | | AMOU | NT | |
| Full Name of Contributor WILLIAM C POLACEK | | | | МО | DAY | | YEAR | | | | |
| Mailing 437 LEVENTRY ROAD Address | | | | | | | | \$ | | 500.00 | |
| City JOHNSTOWN | State | Zip Code (Plu | 5 4) | 11 | | 3 | 2017 | | | | |
| | PA | 15904 | | | | | | | | | |
| Employer Name JOHNSTOWN WELDIN | IG AND FABRICATIO | N INDUSTRIES | | Occupat | tion | P | RESIDE | NT | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | • | State | | | Zip C | ode (P | lus 4) | |
| 84 IRON STREET | | JOHNST | OWN | | PA | | | 159 | 07 | | |
| - "" | | | | | | | | ı | | | |
| Full Name of Contributor MARK E PASQUERILLA | | | | МО | DAY | | YEAR | | | | |
| | EVARD | | | | | | | \$ | | 2,000.00 | |
| MARK E PASQUERILLA Mailing 945 MENOHER BOLLE | EVARD State | Zip Code (Plu | s 4) | MO | | 9 | YEAR 2017 | \$ | | 2,000.00 | |
| MARK E PASQUERILLA Mailing 945 MENOHER BOULE | | Zip Code (Plu 15905 | s 4) | | | 9 | | \$ | | 2,000.00 | |
| MARK E PASQUERILLA Mailing 945 MENOHER BOULE | State PA | | s 4) | | | | | | | 2,000.00 | |
| MARK E PASQUERILLA Mailing 945 MENOHER BOULE City JOHNSTOWN | State PA ORPORATION | | s 4) | 11 | | | 2017 | NT | Code (P | | |
| MARK E PASQUERILLA Mailing | State PA ORPORATION | 15905 | | 11 | tion | | 2017 | NT | • | | |
| MARK E PASQUERILLA Mailing 945 MENOHER BOULE City JOHNSTOWN Employer Name CROWN AMERICAN CO Employer Mailing Address/Principal Place Business | State PA ORPORATION e of | City JOHNST | OWN | 0ccupat | tion | | 2017 | NT Zip C | 01 PAGE | | |

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 | | Report | ting Perio | bd | | | |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|---------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AM | OUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | • | • | _ | |
| Enter Grand Total of Part E o | on Schedule I. Detaile | d Summary Page | Section | 4 | | | PAG | E TOTAL |
| | m deficación 1, detailes | z Sammary r age, | occion | •• | | | \$ | 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 Peri | od | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|------------|
| GREATER JOHNSTOWN REGIONAL PAC | From: | <u>10/24/2017</u> To: | 11/27/2017 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | ł . | |
| 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) | \$ | 785.25 |
| 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 | | \$ | 785.25 |

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 | Reporting Period |
|---------------------------------------|-----------------------------------------------|
| GREATER JOHNSTOWN REGIONAL PAC | From: <u>10/24/2017</u> To: <u>11/27/2017</u> |

| | | | | | | DATE | | AMOUNT |
|---------------------------------------------|---------------------------------|-----------|-----------|---------|----------------------|-----------|--------|----------------------------------------|
| Full Name of Contributor MARK E PASQUERILLA | | | | | МО | DAY | YEAR | |
| Mailing Address 945 MENOHER BOULEVARD | | | | | | | | \$ 785.25 |
| City JOHNSTOWN | State Zip Code(Plus 4) PA 15904 | | | 11 | 3 | 2017 | | |
| Employer of Contributor CRO | OWN AMERICAN CO | ORPORATIO | N | | Occupation PRESIDENT | | | |
| Employer Mailing Address/Princ Business | ipal Place of | City | | State | Zip 4) | Code(Plus | Descri | ption of Contribution |
| 1 PASQUERILLA PLAZA JOHNSTOWN PA | | | | | 159 | 001 | | D POLITICAL RING - FOOD AND AGES |
| Enter Grand Total of Part G | on Schedule II, I | n-Kind Co | ntributio | ns Deta | iled | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | 785.25 |

STATEMENT OF EXPENDITURES

| | | T | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|------------------------------------------|-----------------------------------------------------------------|---------------------------------------|-------------|----------|--|--|
| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
| GREATER JOHNSTOWN REGIONAL PAC | | | From | 11/27/2017 | | | | | |
| | | | | DATE | | | | | |
| To Whom Paid CAMBRIA MAILING SERVICES INC | | | МО | DAY | YEAR | | | | |
| Mailing Address 1265 FOREST HILLS DRIVE | | | | 24 | 2017 | \$ | 1,872.69 | | |
| City SALIX | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| SALIA | PA | 15952 | DIRECT MAIL SERVICES | | | | | | |
| To Whom Paid DAMIN PRINTING COMPANY INC | | · | МО | DAY | YEAR | | | | |
| Mailing Address PO BOX 338 | | | 11 | 3 | 2017 | \$ | 1,599.54 | | |
| City EBENSBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 15931 | PRINTING SERVICES | | | | | | |
| To Whom Paid | | | | | | | | | |
| WJAC-TV | | | МО | DAY | YEAR | | | | |
| WJAC-TV Mailing Address 49 OLD HICK | ORY LANE | | MO | DAY 3 | YEAR 2017 | \$ | 1,500.00 | | |
| Mailing Address 49 OLD HICK | ORY LANE | Zip Code (Plus 4) | 11 | 3 | 2017 | | 1,500.00 | | |
| Mailing Address 49 OLD HICK | | Zip Code (Plus 4) 15905 | 11 Descrip | | 2017 penditure | | | | |
| Mailing Address 49 OLD HICK | State | | 11 Descrip | 3 Otion of Exp | 2017 penditure | | | | |
| Mailing Address 49 OLD HICK City JOHNSTOWN To Whom Paid | State PA | | 11 Descrip POLITIO | 3 Otion of Exp CAL CAMP | 2017 Denditure | | | | |
| Mailing Address 49 OLD HICK City JOHNSTOWN To Whom Paid PRIME DESIGN Mailing Address 514 COLEMAI | State PA | | Descrip POLITION MO | 3 Day Day | 2017 Denditure AIGN ADV YEAR 2017 | VERTISIN \$ | G | | |
| Mailing Address 49 OLD HICK City JOHNSTOWN To Whom Paid PRIME DESIGN Mailing Address 514 COLEMAI | State PA N AVENUE | 15905 | Descrip POLITION MO | 3 Day DAY | 2017 Penditure AIGN ADV YEAR 2017 | VERTISIN \$ | G | | |
| Mailing Address 49 OLD HICK City JOHNSTOWN To Whom Paid PRIME DESIGN Mailing Address 514 COLEMAI | State PA N AVENUE State | 15905 Zip Code (Plus 4) | Descrip POLITION MO | DAY ation of Exp | 2017 Penditure AIGN ADV YEAR 2017 | VERTISIN \$ | G | | |
| Mailing Address 49 OLD HICK City JOHNSTOWN To Whom Paid PRIME DESIGN Mailing Address 514 COLEMAI City JOHNSTOWN To Whom Paid | State PA N AVENUE State PA | 15905 Zip Code (Plus 4) | Descrip POLITION MO 11 Descrip DESIGN | DAY 3 Dition of Exp Cal Camp DAY 3 Dition of Exp MAILERS | 2017 Penditure 2017 2017 Penditure | VERTISIN \$ | G | | |

15904

PΑ

PROFESSIONAL CONSULTING SERVICES

| To Whom Paid CAM-RON VIDEO PRODUCTIONS LLC | | | МО | DAY | YEAR | | | | |
|--------------------------------------------------|--------------------|--------------------------------|----------------------------------------------------|----------------------------|------|----|------------|--|--|
| Mailing Address 1335 ROUTE 403 HWY N | | | 11 | 6 | 2017 | \$ | 1,000.00 | | |
| City NORTHERN CAMBRIA | State PA | Zip Code (Plus 4) 15714 | Description of Expenditure POLITICAL AD VIDEO EDIT | | | | | | |
| To Whom Paid COMMITTEE TO ELECT WAYNE LANGERHOLC | | | МО | DAY | YEAR | | | | |
| Mailing Address 311 SALMON AVENUE | | | 11 | 6 | 2017 | \$ | 1,000.00 | | |
| City JOHNSTOWN State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | |
| | PA | 15904 | POLITICAL CONTRIBUTION | | | | | | |
| To Whom Paid AMERISERV FINANCIAL | | | МО | DAY | YEAR | | | | |
| Mailing Address 216 FRANKLIN STREET | | | 10 | 31 | 2017 | \$ | 3.00 | | |
| City JOHNSTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 15901 | SERVICE CHARGE | | | | | | |
| | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditu | res on Page 1, R | seport Cover Page, Item D | • | | | \$ | 10,534.98 | | |