# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :            | on 2017                         | 0119       |                      |         | Repo<br>Filed |                | <i>ı</i> :     | CANDI       | DATE     |                        | СОМІ         | MITTEE             | ✓              | LOB     | BYIST        |          |              |
|---|---------------------------------|------------|----------------------|---------|---------------|----------------|----------------|-------------|----------|------------------------|--------------|--------------------|----------------|---------|--------------|----------|--------------|
| Name of Filing C                          | Committee, Candid               | ate or Lo  | bbyist:              |         | GREA          | ΤA             | MER            | ICAN PEN    | NNSYL    | VANI                   | A FUNE       | )                  |                |         |              |          |              |
| Street Address:                           | 552 ELKNUD                      | LANE       |                      |         |               |                |                |             |          |                        |              |                    |                |         |              |          |              |
| City:                                     | JOHNSTOWN                       |            |                      |         |               |                |                | State:      | PA       |                        |              | Zip Co             | <b>de:</b> 15  | 905     |              |          |              |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDA<br>PRIMARY | Y PRE   | - 2.          |                | 30 DA<br>PRIMA |             | POST- 3. |                        |              | AMENDN<br>REPORT   |                | Yes     | N            | D        | $\checkmark$ |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | ELECTION             |         |               | 30 DA<br>Elect |                | POST- 6.    |          | TERMINATION<br>REPORT? |              | Yes                | N              | D       | $\checkmark$ |          |              |
| report type)                              |                                 |            |                      |         |               |                |                |             | PAPER    |                        | $\checkmark$ | DISK               | TTE            | 1       |              |          |              |
| Name of Office S                          | L<br>Sought by Candida          | te:        |                      |         |               |                |                | DATE O      | FELE     | СТІО                   | N            | District<br>Number | Office<br>Code | Par     | ty Code      | Cour     |              |
|   | <b>U</b> ,                      |            |                      |         |               |                |                | мо          | DAY      | YE                     | AR           | rtumber            | coue           |         |              | 10000    |              |
|   |                                 |            |                      |         |               |                |                | 11          |          | 7                      | 2017         | <b> </b>           | (SEE INS       | TRUCTI  | ONS FOR      | CODES    | )            |
|   | Receipts and                    | мо         | DAY                  | YEAR    | Ł             |                |                | мо          | DAY      | YE                     | AR           | FC                 | OR OFFIC       | E USE   | ONLY         |          |              |
| Expenditures                              | from:                           | 1          | .1 28                | 2       | 017           | тс             | )              | 12          |          | 31                     | 2017         |                    |                |         |              |          |              |
| A. Amount Bro                             | ught Forward Fro                | m Last Re  | eport                |         |               |                | \$             |             |          | 392,9                  | 967.00       |                    |                |         |              |          |              |
| B. Total Monet                            | ary Contributions               | And Rece   | eipts (From          | n Sche  | dule I        | )              | \$             |             |          |                        | 0.00         |                    |                |         |              |          |              |
| C. Total Funds                            | Available (Sum O                | f Lines A  | and B)               |         |               |                | \$             |             |          | 392,9                  | 967.00       |                    |                |         |              |          |              |
| D. Total Expen                            | ditures (From Sch               | edule III  | :)                   |         |               |                | \$             |             |          | 16,0                   | 00.00        | ]                  |                |         |              |          |              |
| E. Ending Cash                            | Balance (Subtrac                | t Line D I | From Line            | C)      |               |                | \$             |             |          | 376,9                  | 67.00        |                    |                |         |              |          |              |
| F. Value Of In-                           | Kind Contribution               | s Receive  | ed (From S           | chedu   | le II)        |                | \$             |             |          |                        | 0.00         |                    |                |         |              |          |              |
| G. Unpaid Deb                             | s And Obligations               | (From S    | chedule IV           | ')      |               |                | \$             |             |          |                        | 0.00         |                    |                |         |              |          |              |
|   |                                 |            |                      | AFF     | IDAV          | /IT            | SE             | CTION       |          |                        |              |                    |                |         |              |          |              |
|   | s a Committee rep               | •          | -                    |         |               |                |                |             | • •      |                        |              | -                  |                |         |              |          |              |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete. | luding the | attached sc          | hedules | s filed o     | on pa          | aper           | or by elect | ronic m  | edium                  | , are to     | the best o         | of my knov     | vledge  | and bel      | ief , tr | ue           |
| Sworn to and subs                         | cribed before me thi<br>day of  | S          | 20                   |         |               |                |                |             |          | s                      | ignatur      | e of Perso         | n Submitt      | ing Rep | oort         |          | -            |
|   | Signatu                         | ire        |                      |         |               | _              |                |             |          |                        |              | Prin               | ited Name      |         |              |          | -            |
| My Commission Ex                          | -                               |            |                      |         |               |                |                |             |          |                        |              | Ema                | il             |         |              |          | _            |
|   | мо                              | DA         | Y                    | YR      |               |                |                |             | Ar       | ea Cod                 | le           | Daytin             | ne Teleph      | one Nu  | mber         |          |              |
| Part II- If this is                       | a report of a can               | didate's a | authorized           | Comn    | nittee,       | Ca             | ndid           | ate shall   | sign h   | ere.                   |              |                    |                |         |              |          |              |
| I swear (or affirm)<br>No 320) as amende  | that to the best of i<br>ed.    | ny knowle  | dge and beli         | ef this | politica      | al c           | omm            | ittee has n | ot viola | ted an                 | y provis     | ions of th         | e act of Ju    | ine 3,1 | 937 (P.      | L. 133   | 3,           |
| Sworn to and subso                        | ribed before me this<br>day of  |            | 20                   |         |               |                |                |             |          |                        | s            | ignature           | of Candida     | ite     |              |          | -            |
|   |                                 |            | 20                   |         |               |                |                |             |          |                        |              | Printe             | ed Name        |         |              |          | -            |
| My Commission Exp                         | Signature                       |            |                      |         |               |                |                |             |          |                        |              | Ema                | il             |         |              |          | _            |
| ,   |                                 |            |                      |         |               |                |                |             |          |                        |              |                    |                |         |              |          | _            |
|   | МО                              | DA         | Y                    | YR      |               |                |                |             | Area     | Code                   |              | D                  | aytime Te      | elephor | e Numi       | ber      |              |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GREAT AMERICAN PENNSYLVANIA FUND From: <u>11/28/2017</u> To: <u>12/31/2017</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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 | 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<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |           |                   |     |          |       |      |    |            |
|---|-----------|-------------------|-----|----------|-------|------|----|------------|
| Name of Filing Committee or Candidat  | e         |                   | Rep | orting P | eriod |      |    |            |
|   | From: To: |                   |     |          |       |      | ): |            |
|   |           |                   |     |          | 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 Com         | mittee                 |               |             | мо       | DAY | YEAR |    |            |
| Mailing Address                       |                        |               |             |          |     |      | \$ | 0.00       |
| City                                  | State                  | Zip Cod       | e (Plus 4)  |          |     |      |    |            |
|                                       |                        |               |             |          |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C o         | on Schedule I, Detaile | 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<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>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     |

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### 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  |      |         |      |
|---------------------------------------|---|------------|---------|-----------|-----|------|---------|------|
| From                                  |   |            | From:   |           |     | То:  |         |      |
|                                       |   |            |         | D         | ATE |      | AMOUNT  |      |
| Full Name                             |   |            |         | мо        | DAY | YEAR |         |      |
| Mailing Address                       |   |            |         |           |     |      | \$<br>i | 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 | ΓAL  |
|                                       | nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4. |            |         |           |     |      | \$      | 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                            |                   |
|---|-----------------|------------------------------|-------------------|
| GREAT AMERICAN PENNSYLVANIA FUND  | From:           | <u>11/28/2017</u> <b>то:</b> | <u>12/31/2017</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 PART   | 「 F)            |                              |                   |
| 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 (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I |                 | \$                           | 0.00              |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R            |                    |                   | Reporting | g Period |      |      |       |
|--|--------------------|-------------------|-----------|----------|------|------|-------|
| F  |                    |                   |           |          |      | То:  |       |
|  |                    |                   |           | DATE     |      | АМО  | UNT   |
| 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 Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | 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                              |       |  |            | Rej     | oorting P | eriod     |        |         |                |        |
|--|-------|--|------------|---------|-----------|-----------|--------|---------|----------------|--------|
|  |       |  |            |         | Fro       | From: To: |        |         |                |        |
|  |       |  |            |         |           |           | DATE   |         |                | 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<br>Business |       |  | State      |         | Zip<br>4) | Code(Plus | Descri | ption o | f Contribution |        |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | PAGE TOTAL |
|--|------------|
| Summary Page, Section 3.   | 0.00       |
|  |            |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Can                  | ndidate             |                                   | Reporti | ng Period                |               |     |                   |
|--|---------------------|-----------------------------------|---------|--------------------------|---------------|-----|-------------------|
| GREAT AMERICAN PENNSYLVAN                        | IIA FUND            |                                   | From    | 11/28                    | <u>8/2017</u> | То: | <u>12/31/2017</u> |
|  |                     |                                   |         | AMOUNT                   |               |     |                   |
| To Whom Paid<br>JERRY MORGAN                     |                     |                                   | мо      | DAY                      | YEAR          |     |                   |
| Mailing Address 141 VILLAGE COURT                |                     |                                   | 12      | 6                        | 2017          | \$  | 1,000.00          |
| CityPITTSBURGHStateZip Code (Plus 4)PA15241      |                     |                                   |         | ption of Exp<br>BUILDING |               |     |                   |
| To Whom Paid<br>REPUBLICAN PARTY OF PENNSYLVANIA |                     |                                   | мо      | DAY                      | YEAR          |     |                   |
| Mailing Address 112 STATE S                      | TREET               |                                   | 12      | 11                       | 2017          | \$  | 10,000.00         |
| City HARRISBURG                                  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>17101 |         | ption of Exp             | penditure     | I   |                   |
| To Whom Paid<br>REPUBLICAN PARTY OF LUZERNE      | E COUNTY            |                                   | мо      | DAY                      | YEAR          |     |                   |
| Mailing Address 573 ORCHAR                       | D STREET            |                                   | 12      | 22                       | 2017          | \$  | 5,000.00          |
| CityWILKES-BARREStateZip Code (Plus 4)PA18706    |                     |                                   |         | ption of Exp<br>BUILDING |               | 1   |                   |
| Fater Cread Total of Frence di                   |                     |                                   | <br>`   |                          |               |     | PAGE TOTAL        |
| Enter Grand Total of Expendit                    | tures on Page 1, Re | port Cover Page, Item I           | ).      |                          |               | \$  | 16,000.00         |