Campaign Finance Report

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

Filer Identificat Number :	ion 2001	154			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or Lo	bbyist:			-	OHN	STOWI	N REGI	ONA	L PAC						
Street Address:	111 MARKET	ST															
City:	JOHNSTOWN						St	ate:	PA			Zip Co	de: 15	901-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY		POST- 3.			AMENDN REPORT		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	ECTION					POST- 6.			TERMIN/ REPORT		Yes	N	D	\checkmark
report type)	port type) ANNUAL REPORT 7. Year 2018 FILING METHO () CHECK O								PAPER		\checkmark	DISK	ETTE	1			
Name of Office S	⊥ Sought by Candida	te:					D	ATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
							м	0	DAY	YE	AR		•				
								11		6	2018]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		М	0	DAY	YI	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		6 5	2	018	то		9	1	.7	2018						
A. Amount Bro	ught Forward Fror	n Last Re	eport				\$			2,8	839.88						
B. Total Monet	ary Contributions	And Rece	eipts (From	1 Sche	dule I)	\$			10,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			12,8	339.88						
D. Total Expen	ditures (From Sch	edule III)				\$			12,5	509.00						
E. Ending Cash	Balance (Subtrac	t Line D I	rom Line	C)			\$			3	30.88						
F. Value Of In-	Kind Contributions	s Receive	d (From S	chedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						
				AFF	IDAV	'IT S	SEC	TION									
	s a Committee rep		-						• •			-					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	attached sc	hedule	s filed o	n pape	er or l	by elect	ronic me	edium	, are to	the best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							S	ignatur	e of Perso	n Submitt	ing Rej	port		-
	Signatu	re										Prin	ted Name				_
My Commission E	xpires											Ema	il				_
	МО	DA	Y	YR					Are	a Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee,	Cand	lidate	shall :	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	dge and beli	ef this	politica	al com	nmitte	e has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	cribed before me this day of		20								s	ignature	of Candida	ite			-
			20									Printe	ed Name				-
My Commission Exp	Signature											Ema	il				-
,																	_
	мо	DA	Y	YR	1				Area (Code		D	aytime Te	elephor	ne Numi	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>6/5/201</u>	<u>8</u> To:	<u>9/17/2018</u>
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)			\$	10,000.00
TOTAL for the Reporting	Period	(3)	\$	10,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			•	
TOTAL for the Reporting	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			\$	10,000.00

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 Commit	tee or Candidate		Reporting	Period			
			From:	i cirioù	То		
			From:		10	•	
				DATE			AMOUNT
Full Name of Contributing) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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: 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	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	Name of Filing Committee or Candidate				riod		
GREATER JOHNSTOWN REGIONAL PAC			Fror	n:	<u>6/5/2</u>	<u>018</u> То	9/17/2018
				DA	ATE		AMOUNT
Full Name of Contributor WILLIAM POLACEK				мо	DAY	YEAR	
Mailing 437 LEVENTRY ROAD							\$ 10,000.00
City JOHNSTOWN	State PA	Zip Code (Plu 15904	s 4)	9	11	2018	5
Employer Name JWF INDUSTRIES				Occupat	ENT		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
84 IRON STREET		JOHNST	OWN		PA		15907
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S			, Sectio	on 3.			PAGE TOTAL
Litter Grand Total of Part C on Schedule 1, Detaned Summary Page, Sec							\$ 10,000.00

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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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		
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>6/5/2018</u> то:	<u>9/17/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate	Name of Filing Committee or Candidate R			g Period				
F				From: To:				
				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	

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

Name of Filing Committee or Candidate					Reporting Period					
					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	ion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of	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 Candidate			Reporti	ng Period				
GREATER JOHNSTOWN REGIONAL PAC			From	<u>6/!</u>	5/2018	То:	<u>9/17/2018</u>	
				DATE			AMOUNT	
To Whom Paid LANGERHOLC FOR SENATE COMMITTEE	Ē		мо	DAY	YEAR			
Mailing Address 311 SALMON AVENU	JE		7	7 11 2018 \$				
City JOHNSTOWN State Zip Code (Plus 4) PA 15904				Description of Expenditure POLITICAL CONTRIBUTION				
To Whom Paid BARBIN FOR PENN WOODS			мо	DAY	YEAR			
Mailing Address 206 MAIN STREET			7	30	2018	\$	1,000.00	
City JOHNSTOWN State Zip Code (Plus 4) PA 15901				Description of Expenditure POLITICAL CONTRIUTION				
To Whom Paid COMMITTEE TO ELECT FRANK BURNS			мо	DAY	YEAR			
Mailing Address 1654 WILLIAM PENN	I AVENUE		8	23	2018	\$	1,000.00	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15909		otion of Exp				
To Whom Paid TOM WOLF FOR GOVERNOR			мо	DAY	YEAR			
Mailing Address 123 S. BROAD STRE	ET, SUITE 1920		9	11	2018	\$	10,000.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19109		tion of Exp CAL CONTR				
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR			
Mailing Address 216 FRANKLIN STREET			6	30	2018	\$	3.00	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15907		otion of Exp CE CHARGE		1		

To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR		
Mailing Address 216 FRANKLIN STREET			7	31	2018	\$	3.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15907	Description of Expenditure SERVICE CHARGE				
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR		
Mailing Address 216 FRANKLIN STREET			8	31	2018	\$	3.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15907	Description of Expenditure SERVICE CHARGE				
Enter Grand Total of Expenditu	res on Page 1 Pe	port Cover Page Item D					PAGE TOTAL
	ies on raye 1, Ke	port cover Page, Item D	•			\$	12,509.00