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			Repo Filed		<i>'</i> :	CA	NDI	DATE		СОМ	AITTEE	Y	LUB	D1131		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	GREA	TER	l JOH	INST	IWO	N REG	ONA	L PAC						
Street Address:	111 MARKET	ST																
City:	JOHNSTOWN							State	e:	PA			Zip Co	de: 15	5901-0	0000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		BO DA		P	POST-	3.		AMENDN REPORT		Yes		lo	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ē- 5.		0 DA		P	POST-	6.		TERMIN/ REPORT		Yes	Ν	lo	√
report type)	ANNUAL REPORT	7.	Year 2018					IG ME					PAPER			DISK	ETTE	
Name of Office S	- Sought by Candida	te:			-			DAT	ΈΟ	F ELE	СТІС	N	District Number	Office Code	Pa	rty Cod	e Cou Cod	
								МО		DAY	YI	EAR		•	<u> </u>			
									11		6	2018		(SEE IN	STRUCT	IONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	l			МО		DAY	YI	EAR	FC	R OFFI	CE USI	E ONL	7	
Expenditures	from:		9 18	20	018	TC)		10	2	22	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$					330.88						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				2,3	300.00						
C. Total Funds	Available (Sum O	Lines A	and B)				\$				2,6	530.88						
D. Total Expend	ditures (From Sch	edule II	I)				\$				2,5	513.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				1	17.88						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			•			
				AFF	ΊDΑ\	/IT	SE	CTI	NC									
	s a Committee rep that this report, inc	-	_									_		f my kno	wledge	and be	lief , t	rue
correct and comple																		_
Sworn to and subs	cribed before me this day of		20								9	Signature	of Perso	n Submit	ting Re	port		
	Signatu	re											Prin	ted Name	•			
My Commission Ex	rpires								•				Ema	il				
	МО	D.	AY	YR						Are	ea Cod	le	Daytin	e Teleph	one Nu	umber		ᆜ
	a report of a can				•													
No 320) as amende		ny knowl	edge and beli	ief this	politic	al c	ommi	ittee h	nas n	ot viola	ted an	ıy provis	ions of th	e act of J	une 3,1	L937 (P	.L. 133	13,
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candid	ate			_
			_										Printe	ed Name				_
My Commission Exp	Signature ires												Ema	il				-
	МО	D	AY	YR						Area	Code		D	aytime T	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>9/18/201</u>	<u>8</u> To:	10/22/2018
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)			\$	2,300.00
TOTAL for the Reporting	g Period	(3)	\$	2,300.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,300.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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	Candidate		Rep	oorting P	eriod			
			Fro	m:		To	:	
					DATE		А	MOUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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 of Candidate			Кер	orting Pe	riod		
GREATER JOHNSTOWN REGIONAL PAC			Fron	n:	9/18/2	<u>018</u> To	: <u>10/22/2018</u>
				D/	ATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
MARK E PASQUERILLA							
Mailing 945 MENOHER BOULE Address	EVARD						\$ 1,500.00
City JOHNSTOWN	State	Zip Code (Plus	34)	10	15	2018	
	PA	15905					
Employer Name CROWN AMERICAN C	ORP			Occupat	tion P	RESIDE	ENT
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
1 PASQUERILLA PLAZA		JOHNSTO	OWN		PA		15901
					<u> </u>	<u> </u>	
Full Name of Contributor MARK E PASQUERILLA		I		МО	DAY	YEAR	
	EVARD	I					\$ 800.00
MARK E PASQUERILLA Mailing 945 MENOHER ROLLE	EVARD State	Zip Code (Plus	: 4)	мо	DAY 21	YEAR 2018	
MARK E PASQUERILLA Mailing Address 945 MENOHER BOULE		Zip Code (Plus	; 4)				
MARK E PASQUERILLA Mailing Address 945 MENOHER BOULE	State PA		s 4)		21		
MARK E PASQUERILLA Mailing 945 MENOHER BOULE City JOHNSTOWN	State PA ORP		s 4)	9	21	2018	
MARK E PASQUERILLA Mailing	State PA ORP	15905		9	21	2018	ENT
MARK E PASQUERILLA Mailing 945 MENOHER BOULE Address City JOHNSTOWN Employer Name CROWN AMERICAN C Employer Mailing Address/Principal Place Business	State PA ORP	City JOHNSTO	DWN	9 Occupat	21	2018	ENT Zip Code (Plus 4)

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	İ	
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>9/18/2018</u> To:	10/22/2018
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	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)	\$	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 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					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
GREATER JOHNSTOWN REGION	AL PAC		From	<u>9/18</u>	<u>3/2018</u>	То:	10/22/2018
				DATE			AMOUNT
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR		
Mailing Address 216 FRANKLII	N STREET		9	30	2018	\$	13.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15901	1	otion of Exp			
To Whom Paid FRIENDS OF MIKE TURZAI			МО	DAY	YEAR		
Mailing Address PO BOX 92			9	21	2018	\$	1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	1	otion of Exp			
			_				
To Whom Paid COMMITTEE TO ELECT CHERNISE	KY/SMITH		МО	DAY	YEAR		
	·		мо	DAY 15	YEAR 2018	\$	1,500.00

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

2,513.00

\$