### **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	2018	C0156				port ed B		CANI	DID	ATE	<b>√</b>	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		GRE	GOI	RY MI	CHALEI	K									
Street Address:																			
City:									State:					Zip Code	: 16	105			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		PC	ST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	E-	5. <b>X</b>	30 DA		PC	ST-	6.		TERMINAT REPORT?	No	,	<b>√</b>		
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2018					IG MET					PAPER	DISKE	TTE			
Name of Office S	ought by	/ Candidat	e:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Cour	
		,							МО	[	DAY	YEAF	₹	9	STH	REP		Code	•
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1	1		6 2	018		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		s and	МО	DAY	YEAR	2			МО	1	DAY	YEAI	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 18	2	018	Т	0	1	LO	2	2 2	2018						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$	-			654	1.19						
B. Total Monet	ary Contr	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$				2,500	0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				3,154	1.19						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				2,862	2.20						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				291	.99						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II	[)	\$				C	.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	<b>'</b> )			\$				C	0.00		'				
					AFF	FID/	٩VI	T SE	CTIO	V									
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign	here.	If th	is is	a Car	didate	rep	ort, c	andidat	te sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper (	or by ele	ctro	nic me	edium, aı	e to t	the best of	my know	/ledge	and beli	ef , tr	ue,
Sworn to and subs	cribed bef day of	ore me this		20						-		Sigr	ature	of Person	Submitti	ing Rep	ort		_
-	<u>-</u>	Signatur	re .					- -		-				Printe	d Name				_
My Commission Ex	pires									_				Email					-
		мо	D	AY	YR						Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee has	s not	t violat	ed any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 133	3,
Sworn to and subsc		re me this								-			s	ignature of	Candida	te			-
	day of —			_ 20				_		_				Dulista !	Na				_
	,	Signature						-						Printed	Name				
My Commission Exp		o.g.iatui e												Email					_
	-	МО	D	AY	YR	ł		•		-	Area (	Code		Day	rtime Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
GREGORY MICHALEK	From:	9/18/201	<u>8</u> To:	10/22/2018
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	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

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 Candidat	e	F	Reporting Period						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

### 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 Committ	ee or Candidate	F	Reporting P	eriod			
		F	From:		To	<b>)</b> :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

#### **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		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							<b>+</b>	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

## 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				Rep	orting Pe	riod			
GREGORY MICHALEK				Fror	From: <u>9/18/2018</u>			To: 10/22/2018	
					D/	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		± 2,000,00
MARY MICHALEK						2711		4	\$ 2,000.00
Mailing Address	T				8	1	201	8	
City GIBSONIA	State	Zip	Code (Plus	34)					
	I <sub>PA</sub>	15	044				l	ı	
Employer Name NONE					Occupat	ion	RETIRE	D	
Employer Mailing Address/Principal Plac	ce of Business		City			State		Zip	Code (Plus 4)
Full Name of Contributor					мо	DAY	YEAR	4	\$ 500.00
VALERIE MEASEL						2711		4	<b>300.00</b>
Mailing Address	·				9	12	201	8	
City NEW CASTLE	State	Zip	Code (Plus	34)					
	l <sub>PA</sub>	16	105						
Employer Name GEM BUILDING CONT	RACTORD				Occupat	ion	MANAC	SER	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
			NEW CAS	TLE		PA		16:	105
Enter Grand Total of Part C on Sche	dule I. Detailed Si	umn	narv Page.	Section	on 3.		Γ		PAGE TOTAL
	,		, 3-,		-			\$	2,500.00
							_		

## 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 Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	us 4)					
Receipt Description	<b>'</b>	<u>'</u>					·	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	I Communication of the Communi		4			F	PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	i Summary Page, S	ection	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							
GREGORY MICHALEK	From:	<u>9/18/2018</u> <b>To:</b>	<u>10/22/2018</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,		\$	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:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
GREGORY MICHALEK	From	9/18/2018	То:	10/22/2018

					DATE			AMOUNT	
To W	nom Paid			МО	DAY	YEAR			
TIC T	OC - BP OIL			МО		ILAK			
Mailin	g Address			7	2	2018	\$	30.05	
City	LOWELLVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		ОН	44436	GASOLI	NE				
To W	nom Paid			мо	DAY	YEAR			
SAM'S	S CLUB			М		ILAK			
Mailin	g Address			8	9	2018	\$	31.00	
City	BOARDMAN	State	Zip Code (Plus 4)	Description of Expenditure					
		ОН	44512	GASOLI	NE				
To W	nom Paid			МО	DAY	YEAR			
SAM'S	S CLUB	М		IZAK					
Mailing Address				8	9	2018	\$	27.84	
City	BOARDMAN	ARDMAN State Zip Code (Plus 4)				enditure	•		
		ОН	44512	GATOR	ADE				
To Wh	nom Paid			МО	DAY	YEAR			
US PC	OSTAL SRVICE								
Mailin	g Address			8	10	2018	\$	31.00	
City	NEW CASTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	16105	POST O	FFICE BOX	EXTENS	ION		
To Wi	nom Paid			МО	DAY	YEAR			
VALE	NCIA SPORTSPARK								
Mailin	g Address			8	31	2018	\$	1,997.63	
City	SEVEN FIELDS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	16046	YARD S	IGNS				
To Wh	nom Paid			МО	DAY	YEAR			
SLAV	LAVIA PRINTING								
Mailin	ailing Address				6	2018	\$	705.13	
City	City PITTSBURGH State Zip Code (Plus 4)			) Description of Expenditure					
	PA 15226				NG 2ND RU	JN			

To Whom Paid			МО	DAY	YEAR		
LAWRENCE COUNTY REGIONAL CHAMBER			110		ILAK		
Mailing Address			10	10	2018	\$	10.00
City NEW CASTLE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16101	BUSINESS AFTER HOURS RECEPTION FEE				
To Whom Paid			мо	DAY	YEAR		
TIC TOC - BP OIL			1.0				
Mailing Address			10	20	2018	\$	29.55
City LOWELVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
	ОН	44436	GASOLINE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	2,862.20