Campaign Finance Report

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

Filer Identification 20180045 Report Filed By:						COMN	4ITTEE	√	LOB	BYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:		FR]	IEND	S OF	JIM G	REG	ORY								
Street Address:																		
City:	TYRONE							State	e:	PA			Zip Code: 16686					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PRI Y	≣-	2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	No)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION	IDAY PR ON	E-	5.	30 DA		Р	POST- 6. X			TERMINA REPORT?		Yes	No)	√
report type)	ANNUAL REPORT	7.	Year 20	018				IG ME CHEC					PAPER		\checkmark	DISK	TTE	
Name of Office S	Sought by Candida	te:	-					DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
	,							МО		DAY	Y	EAR	Number	Touc	REF	•	Toout	
									11		6	2018		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR MO										DAY	Y	EAR	FO	R OFFI	E USE	ONLY		
Expenditures from: 10 23 201							0		11	:	26	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				5,	132.10						
B. Total Monetary Contributions And Receipts (From Schedule I)											3,	200.00						
C. Total Funds Available (Sum Of Lines A and B)											8,	332.10						
D. Total Expenditures (From Schedule III)							\$				3,3	328.58						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				5,0	003.52						
F. Value Of In-	Kind Contributions	s Receiv	ed (Fror	n Schedı	ule I	(I)	\$				16,5	563.29						
G. Unpaid Debt	ts And Obligations	(From S	Schedule	e IV)			\$					0.00						
				AF	FID	AVI	T SE	CTIC	N									
PART I - If this is	s a Committee rep	ort, trea	surer si	gn here.	If t	his is	a Car	ndidat	e re	port, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attache	d schedule	es file	ed on	paper	or by e	lectr	onic m	edium	ı, are to t	he best of	my knov	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me this day of	5	20						•			Signature	of Person	n Submit	ing Re	oort		
	Signatu	ıre					-						Print	ed Name				_
My Commission Ex	cpires						_		•				Emai	I				_
	МО	D	AY	YF	ì					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authori	zed Com	mitt	ee, C	andid	ate sł	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and	belief thi	s pol	litical	comm	ittee h	as no	ot viola	ted ar	ny provisi	ions of the	act of J	une 3,1	937 (P.I	L. 133	3,
Sworn to and subsc	ribed before me this											Si	ignature o	f Candid	ate			-
	day of		 				-						Printe	d Name				-
My Commission Exp	Signature						-		-				Emai	i				-
•							-											_
	MO DAY YR									Area	Code		Da	ytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JIM GREGORY	From:	10/23/201	<u>8</u> To:	11/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	50.00
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)	\$	650.00		
TOTAL for the Reporting	(2)	\$	650.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	2,000.00
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			\$	3,200.00

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	lame of Filing Committee or Candidate					Reporting Period						
				From:			То	:				
			•			DATE			AMOUNT			
Full Name of Contributin	ng Committee			М	0	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)

Nan	ne of Filing Committee or Candida	te		Rep	oorting P	eriod			
FRI	ENDS OF JIM GREGORY			Fro	m:	10/23/	2018 T o):	11/26/2018
						DATE			AMOUNT
Full N	ame of Contributor				мо	DAY	YEAR		
MARK	BOYER					2711			
Mailin	g Address							\$	100.00
City	FISHERTOWN	State	Zip Code (Plus 4	.)	10	24	2018		
		PA	15539						
Full N	ame of Contributor				мо	DAY	YEAR		
PETER	R & & amp; DENISE KRECKEL								
Mailin	g Address	T	T					\$	200.00
City	TYRONE	State	Zip Code (Plus 4)	10	24	2018		
		PA	16686						
Full N	ame of Contributor				мо	DAY	YEAR		
PAOLO	O RANDAZZO				МО	DAI	ILAK		
Mailin	g Address							\$	250.00
City	ALTOONA	State	Zip Code (Plus 4)	10	29	2018		
		PA	16601						
Full N	ame of Contributor				мо	DAY	YEAR		
JOHN	& ANN WOLF				МО	DAT	IEAR		
Mailin	g Address							\$	100.00
City	ALTOONA	State	Zip Code (Plus 4)	10	24	2018		
		PA	16601						
			<u> </u>			<u> </u>			PAGE TOTAL

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

PAGE TOTAL \$ 650.00

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 F	Period				
FRIENDS OF JIM GREGORY	From:	10/23/2018	То:	11/26/2018		

DATE AMOUNT

Full N	ame of Contributing Committee	мо	DAY	YEAR			
COMM	COMMITTEE TO ELECT BRIAN ELLIS					ILAK	\$ 500.00
Mailin	Mailing Address				5	2018	, , , , , , , , , , , , , , , , , , , ,
City	BUTLER	State	Zip Code (Plus 4)	11	3	2010	
		PA	16001				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 500.00

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.)

From: 10/23/2018 To: 11/26/2018	Name	le of Filing Committee or Candidate					orting Pe	riod			
Name of Contributor State State PA	FRIE	NDS OF JIM GREGORY				Fron	n:	10/23/2	<u>018</u> To	To: <u>11/26/2018</u>	
ZIAD OR NADA KHOURY Mailing Address City HOLLIDAYSBURG State PA 16648 Employer Name Employer Mailing Address/Principal Place of Business City ROARING SPRING State PA 16673 Employer Name City ROARING SPRING State PA 16673 Employer Mailing Address/Principal Place of Business City State State PA 1000.00 MO DAY YEAR STATE							D/	ATE			AMOUNT
Name of Contributor State PA 16673 PA 16673 PAGE TOTAL	Full N	lame of Contributor					МО	DAY	VEAD		1 000 00
City HOLLIDAYSBURG State PA 16648 Employer Name Employer Mailing Address/Principal Place of Business City MO DAY YEAR \$ 1,000.00 Full Name of Contributor BARRY SMITH Mailing Address City ROARING SPRING State PA 16673 Employer Name Employer Name City ROARING SPRING City Code (Plus 4) 11 5 2018 \$ 1,000.00 City State PA 2018 Full Code (Plus 4) City ROARING SPRING State PA 16673 City State City Code (Plus 4) PAGE TOTAL	ZIAD	OR NADA KHOURY					1-10	DAI	ILAK	_] *	1,000.00
City HOLLIDAYSBURG State PA 16648 City State City State City PA PA PA PA PA PA PA P	Mailin	ng Address					10	30	2018	1	
Employer Name Employer Mailing Address/Principal Place of Business City State Tull Name of Contributor BARRY SMITH Mailing Address City ROARING SPRING State PA PA 16673 PA 1000.00 Employer Name Employer Mailing Address/Principal Place of Business City Roaring Address City Roaring Sprincipal Place of Business City Roaring Address/Principal Place of Business City Roaring Address/Principal Place of Business City Roaring Sprincipal Place of Business City State PAGE TOTAL PAGE TOTAL	City	HOLLIDAYSBURG	State	Zip C	Code (Plus	4)					
Employer Mailing Address/Principal Place of Business City MO DAY YEAR \$ 1,000.00 Mailing Address City ROARING SPRING State PA 16673 Employer Name Employer Mailing Address/Principal Place of Business City PAGE TOTAL PAGE TOTAL			PA	1664	48					1	
Full Name of Contributor BARRY SMITH MO DAY VEAR NO DAY VEAR \$ 1,000.00 Mailing Address City ROARING SPRING State PA PA 16673 City ROUGHING SPRING City State PAGE TOTAL	Employer Name					Occupation					
BARRY SMITH Mo DAY YEAR Mailing Address City ROARING SPRING State Zip Code (Plus 4) 16673 Employer Name Employer Mailing Address/Principal Place of Business City City Doccupation Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	Emplo	oyer Mailing Address/Principal Plac	e of Business	(City			State		Zip C	ode (Plus 4)
BARRY SMITH Mo DAY YEAR Mailing Address City ROARING SPRING State Zip Code (Plus 4) 16673 Employer Name Employer Mailing Address/Principal Place of Business City City Doccupation Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.											
BARRY SMITH Mailing Address City ROARING SPRING State PA 16673 Employer Name Occupation Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) PAGE TOTAL	Full N	lame of Contributor					мо	DAY	VEAD		
City ROARING SPRING State PA 16673 State PA 16673 Employer Name Occupation Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	BARR	Y SMITH					MO	DAT	ILAK	\$	1,000.00
City ROARING SPRING State PA 16673 Employer Name Occupation Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	Mailin	ng Address					11	5	2018	7	
Employer Name City State Zip Code (Plus 4) Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	City	ROARING SPRING	State	Zip C	Code (Plus	4)		3	2010	Ī	
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.			PA	1667	73					1	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. PAGE TOTAL	Emplo	over Name					Occupat	ion			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.		-, c						1			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.			e of Business		City			State		Zip C	ode (Plus 4)
			e of Business	(City			State		Zip C	ode (Plus 4)
\$ 2,000.00	Emplo	oyer Mailing Address/Principal Plac						State		Zip C	
	Emplo	oyer Mailing Address/Principal Plac				Sectio	on 3.	State			PAGE TOTAL
	Emplo	oyer Mailing Address/Principal Plac				Sectio	on 3.	State			PAGE TOTAL

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	od						
FRIENDS OF JIM GREGORY	From:	10/23/2018 To:	11/26/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	16,563.29					
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,		\$	16,563.29					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ame of Filing Committee or Candidate					Reporting Period					
			From:			То:					
				DATE			AMOUNT				
Full Name of Contributor	МО	DAY	YEAR								
Mailing Address						7 \$		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL		•				
Section 2.						\$	(0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candid	late			Rep	orting P	eriod		
FRIENDS OF JIM GREGORY				Fror	n:	10/23/201	<u>.8</u> To:	11/26/2018
						DATE		AMOUNT
Full Name of Contributor REPUBLICAN PARTY OF PENNSYLV	ANIA				мо	DAY	YEAR	
Mailing Address					10	30	2018	\$ 6,099.38
City HARRISBURG	State PA		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion		
Employer Mailing Address/Principal Place of Business City						Code(Plus 4)	Descri	ption of Contribution
Full Name of Contributor REPUBLICAN PARTY OF PENNSYLVANIA					мо	DAY	YEAR	
Mailing Address					10	30	2018	\$ 5,833.38
City HARRISBURG	State		Zip Code(Plus 4)					
	PA		17101					
Employer of Contributor	•		•		Occupa	tion		
Employer Mailing Address/Principal	Place of Business	Cit	ty	State	Zip (Code(Plus 4)	Descri	ption of Contribution
Full Name of Contributor REPUBLICAN PARTY OF PENNSYLV.	ANIA	•			мо	DAY	YEAR	
Mailing Address					11	26	2018	\$ 4,630.53
City HARRISBURG	State		Zip Code(Plus 4)					
	PA		17101					
Employer of Contributor					Occupa	tion		
Employer Mailing Address/Principal	Place of Business	Cit	ty	State	Zip (Code(Plus 4)	Descri	ption of Contribution
		1		I	- 1		1	
Enter Grand Total of Part G on		•						PAGE TOTAL

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportin	g Period		
FRIENDS OF JIM GREGORY	From	10/23/2018	То:	11/26/2018
		DATE		AMOUNT

				DATE		AMOUNT	
To Whom Paid			МО	DAY	YEAR		
BLAIR COUNTY REPUBLICAN COMMITTEE				DA!	ILAK		
Mailing Address			10	23	2018	\$	250.00
City ALTOONA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16602	ADVERTISING				
To Whom Paid			мо	DAY	YEAR		
LN CONSULTING LLC			1.10				
Mailing Address			10	31	2018	\$	1,446.58
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	ADVERTISING/MAILERS				
To Whom Paid			мо	DAY	YEAR		
BLAIR COUNTY CONVENTION CENTER							
Mailing Address			10	25	2018	\$	882.00
City ALTOONA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16601	EVENT				
To Whom Paid			МО	DAY	YEAR		
JOE CARPER							
Mailing Address			11	12	2018	\$	500.00
City TYRONE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16686	ADVERTISING				
To Whom Paid			мо	DAY	YEAR		
JULIE NELSON			140		ILAK		
Mailing Address			11	12	2018	\$	250.00
City ALTOONA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16686	ADVERTISING				
							PAGE TOTAL
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D).			\$	3,328.58