

# Campaign Finance Report

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

Filer Identification Number : 2001154		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: GREATER JOHNSTOWN REGIONAL PAC										
Street Address: 111 MARKET ST										
City: JOHNSTOWN				State: PA		Zip Code: 15901-0000				
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		1	2	2019	4					
A. Amount Brought Forward From Last Report				\$ 648.88						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 11,750.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 12,398.88						
D. Total Expenditures (From Schedule III)				\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 12,398.88						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00						

## AFFIDAVIT SECTION

### PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

### Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
GREATER JOHNSTOWN REGIONAL PAC	From: <u>1/2/2019</u> To: <u>4/1/2019</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 250.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 11,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 11,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 11,750.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

**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)**

<b>Name of Filing Committee or Candidate</b> GREATER JOHNSTOWN REGIONAL PAC	<b>Reporting Period</b> <b>From:</b> <u>1/2/2019</u> <b>To:</b> <u>4/1/2019</u>
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				DATE			AMOUNT	
Full Name of Contributor WALTER ASONEVICH				MO	DAY	YEAR	\$ 250.00	
Mailing Address 410 BOB STREET				3	28	2019		
City JOHNSTOWN		State PA	Zip Code (Plus 4) 15904					

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

<b>PAGE TOTAL</b>
\$ 250.00

## 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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  GREATER JOHNSTOWN REGIONAL PAC	<b>Reporting Period</b>  <b>From:</b> <u>1/2/2019</u> <b>To:</b> <u>4/1/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
SARA ANN SARGENT							
Mailing Address 106 N 2ND STREET				3	28	2019	\$ 2,000.00
City CLEARFIELD	State PA	Zip Code (Plus 4) 16830					
Employer Name SARGENT'S COURT REPORTING				Occupation PRESIDNET			
Employer Mailing Address/Principal Place of Business 210 MAIN STREET			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15901	
BARRY POLSTER							
Mailing Address 500 DIAMOND BOULEVARD				3	28	2019	\$ 500.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15905	
WILLIAM POLACEK							
Mailing Address 437 LEVENTRY ROAD				3	28	2019	\$ 2,000.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904					
Employer Name JWFI				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 84 IRON STREET			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15901	

<b>Full Name of Contributor</b> ELMER C LASLO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,000.00
<b>Mailing Address</b> 501 CORRIGAN DRIVE				3	28	2019	
<b>City</b> JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15904					
<b>Employer Name</b> 1ST SUMMIT BANK				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 125 DONALD LANE			<b>City</b> JOHNSTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15904	

<b>Full Name of Contributor</b> MARK E PASQUERILLA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,000.00
<b>Mailing Address</b> 945 MENOHER BLVD				3	28	2019	
<b>City</b> JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15905					
<b>Employer Name</b> CROWN AMERICAN CORP				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 1 PASQUERILLA PLAZA			<b>City</b> JOHNSTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15901	

<b>Full Name of Contributor</b> KIM KUNKLE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,000.00
<b>Mailing Address</b> 2221 CRABTREE LANE				3	28	2019	
<b>City</b> JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15905					
<b>Employer Name</b> LAUREL HOLDINGS INC				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 111 ROOSEVELT BLVD			<b>City</b> JOHNSTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15906	

<b>Full Name of Contributor</b> ANTHONY HORBAL				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1301 GRANDVIEW AVENUE, SUITE 2				3	28	2019	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15211					
<b>Employer Name</b> TELEHEALTH SUITE				<b>Occupation</b> MANAGEMENT			
<b>Employer Mailing Address/Principal Place of Business</b> 1301 GRANDVIEW AVENUE			<b>City</b> PITTSBURGH		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15211	

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

PAGE TOTAL	
\$	11,500.00



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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
GREATER JOHNSTOWN REGIONAL PAC		From: <u>1/2/2019</u> To: <u>4/1/2019</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)			\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)			\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)			\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					<div>PAGE TOTAL</div> <div>\$ 0.00</div>	

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From <span style="float: right;">To:</span>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 0.00

