### **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				port ed B		CANDI	DATE		СОМ	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		GRE	ATE	R JOH	HNSTOW	N REG	IONA	_ PAC						_
Street Address:	111 MARKET	ST															
City:	JOHNSTOWN							State:	PA			Zip Cod	<b>ie:</b> 1!	5901-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	-	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2019					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YE	AR		10000				_
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		1 2	2	019	T	0	4		1	2019						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			$\epsilon$	48.88						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$			11,7	'50.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			12,3	98.88						
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			12,3	98.88						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From 9	Schedule IV)	)			\$				0.00			1			
				AFF	ID/	٩VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	[f th	is is	a Can	ididate re	eport, o	andio	late sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sch	edules	file	d on	paper o	or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge	and belie	ef , true	a,
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		'
	Signatu	re					-					Prin	ted Nam	e			-
My Commission Ex	cpires						_					Ema	il				•
	МО	D	AY	YR					Arc	ea Cod	е	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			۱.
	day of ————————————————————————————————————						-					Printe	d Name				-
	Signature						-										╻┃
My Commission Exp	_											Ema	il				
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	1/2/201	<u>9</u> To:	4/1/2019
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)			\$	250.00
TOTAL for the Reporting	J Period	(2)	\$	250.00
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)			\$	11,500.00
TOTAL for the Reporting	J Period	(3)	\$	11,500.00
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			\$	11,750.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
		From: To:				:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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.

From:

<u>1/2/2019</u> **To:** 

DATE

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate Reporting Period

Full Name of Contributor WALTER ASONEVICH	МО	DAY	YEAR			
Mailing Address 410 BOB STREET						\$ 250.00
City JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15904	3	28	2019	

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

GREATER JOHNSTOWN REGIONAL PAC

**PAGE TOTAL \$** 250.00

4/1/2019

AMOUNT

#### **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 Candi	date		Reporting	eporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 or Candidate	ame of Filing Committee or Candidate					eporting Period					
GREATER JOHNSTOWN REGIONAL PAC				Fror	n:	<u>1/2/2</u>	019 To	<b>:</b>	4/1/2019		
					D/	ATE		AI	MOUNT		
Full Name of Contributor SARA ANN SARGENT					мо	DAY	YEAR				
Mailing 106 N 2ND STREET								\$	2,000.00		
City CLEARFIELD	State	Zip	p Code (Plus	4)	3	28	2019				
CLL/WW.ZLLS	PA	16	830								
Employer Name SARGENT'S COURT RI	EPORTING				Occupat	ion P	RESIDN	IET			
Employer Mailing Address/Principal Plac Business	e of		City			State	Zip Code (Plus 4)				
210 MAIN STREET			JOHNSTO	OWN		PA		15901			
Full Name of Contributor BARRY POLSTER					МО	DAY	YEAR				
Mailing 500 DIAMOND BOULE	AMOND BOULEVARD						\$	500.00			
City JOHNSTOWN	State	Zip	Code (Plus	4)	3	28	2019				
	PA	15	905								
Employer Name N/A					Occupation RETIRED						
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Cod	e (Plus 4)		
N/A			JOHNSTO	OWN		PA		15905			
Full Name of Contributor WILLIAM POLACEK					МО	DAY	YEAR				
Mailing 437 LEVENTRY ROAD								\$	2,000.00		
City JOHNSTOWN	State	Zip	Code (Plus	4)	3	28	2019				
	PA	15	904								
Employer Name JWFI			Occupat	ion P	RESIDE	NT					
Employer Mailing Address/Principal Plac Business	e of		City		-	State		Zip Cod	e (Plus 4)		
84 IRON STREET			JOHNSTO	OWN		PA		15901			

Employer Mailing Address/Principal Place of Business  125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address  945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name CROWN AMERICAN CORP  City Business  1 PASQUERILLA PLAZA  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Mailing Address/Principal Place of Business  1 PASQUERILLA PLAZA  Full Name of Contributor KIM KUNKLE  Mailing Address  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name LAUREL HOLDINGS INC  City Business  111 ROOSELVELT BLVD  JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Moling  1301 GRANDVIEW AVENUE SHITE 2	3 ccupatio	28 28 DAY 28	YEAR 2019 RESIDE	* 2,000.00	
City JOHNSTOWN  Employer Name 1ST SUMMIT BANK  Employer Mailing Address/Principal Place of Business 125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  City JOHNSTOWN  MO  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL	no 3	on P State PA DAY	RESIDE!	* 2,000.00	
City JOHNSTOWN  Employer Name 1ST SUMMIT BANK  Employer Mailing Address/Principal Place of Business 125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name CROWN AMERICAN CORP  City JOHNSTOWN  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  City JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  City JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  Full Name of Contributor State Zip Code (Plus 4) PA 15905  City JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDWIEW AVENUE SHITE 2	no 3	on P State PA DAY	RESIDE!	* 2,000.00	
Employer Name 1ST SUMMIT BANK  Employer Mailing Address/Principal Place of Business 125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  Told Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  City JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  City JOHNSTOWN  Full Name of Contributor All Indiana Address/Principal Place of Business 111 ROOSELVELT BLVD  Moling 1301 GRANDVIEW AVENUE SUITE 2	3	State PA DAY	YEAR	<b>Zip Code (Plus 4)</b> 15904  \$ 2,000.00	
Employer Name 1ST SUMMIT BANK  City  JOHNSTOWN  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  City JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  City JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Molining  1301 GRANDVIEW AVENILE SHITE 2	3	State PA DAY	YEAR	<b>Zip Code (Plus 4)</b> 15904  \$ 2,000.00	
Employer Mailing Address/Principal Place of Business 125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State PA 15905  Employer Name CROWN AMERICAN CORP  City 1 PASQUERILLA PLAZA  TOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State PA 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  MO  Full Name of Contributor City JOHNSTOWN  MO  City JOHNSTOWN  MO  MO  MO  MO  MO  MO  MO  MO  MO  M	3	State PA DAY	YEAR	<b>Zip Code (Plus 4)</b> 15904  \$ 2,000.00	
Business 125 DONALD LANE  Full Name of Contributor MARK E PASQUERILLA  Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  MO  MO  City JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SUITE 2	3	DAY DAY	YEAR	\$ 2,000.00	
Full Name of Contributor MARK E PASQUERILLA  Mailing Address  945 MENOHER BLVD  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor AUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  MO  MO  MO  MO  MO  MO  MO  MO  MO  M	3	DAY		\$ 2,000.00	
MARK E PASQUERILLA  Mailing Address  945 MENOHER BLVD  City JOHNSTOWN  State PASQUERILA PA 15905  Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  MO  MO  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SUITE 2	3				
Mailing Address 945 MENOHER BLVD  City JOHNSTOWN  State   Zip Code (Plus 4)   15905  Employer Name   CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business   1 PASQUERILLA PLAZA   JOHNSTOWN  Full Name of Contributor   KIM KUNKLE   Zip Code (Plus 4)   15905  Employer Name   LAUREL HOLDINGS INC   City   CITY		28	2010		
City JOHNSTOWN  Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name LAUREL HOLDINGS INC  Employer Name LAUREL HOLDINGS INC  City JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDWIEW AVENUE SHITE 2		28	2010		
Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  Full Name of Contributor KIM KUNKLE  Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business 111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SHITE 2			2019		
Employer Name CROWN AMERICAN CORP  Employer Mailing Address/Principal Place of Business  1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor  KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State Zip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business  111 ROOSELVELT BLVD  Full Name of Contributor  ANTHONY HORBAL  Mailing 1301 GRANDWIEW AVENUE SHITE 2				1	
Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA  JOHNSTOWN  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State PA  27ip Code (Plus 4) 15905  Employer Name LAUREL HOLDINGS INC  City Business 111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDWIEW AVENUE SUITE 2					
Business 1 PASQUERILLA PLAZA  Full Name of Contributor KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State PA  15905  Employer Name LAUREL HOLDINGS INC  City Business  111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANIDVIEW AVENUE SHITE 2	cupatio	<b>on</b> P	RESIDE	NT	
Full Name of Contributor  KIM KUNKLE  Mailing Address  2221 CRABTREE LANE  City JOHNSTOWN  State PA  15905  Employer Name LAUREL HOLDINGS INC  City Business  111 ROOSELVELT BLVD  Toll Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDWIEW AVENUE SHITE 2		State		Zip Code (Plus 4)	
Mailing Address 2221 CRABTREE LANE  City JOHNSTOWN State Zip Code (Plus 4) PA 15905  Employer Name LAUREL HOLDINGS INC  City Business 111 ROOSELVELT BLVD JOHNSTOWN  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SUITE 2		PA		15901	
City JOHNSTOWN  State Zip Code (Plus 4) PA 15905  Employer Name LAUREL HOLDINGS INC  City Business  111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SHITE 2	10	DAY	YEAR		
City JOHNSTOWN    State				\$ 2,000.00	
Employer Name LAUREL HOLDINGS INC  Employer Mailing Address/Principal Place of Business  111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDVIEW AVENUE SLITTE 2	3	28	2019	1	
Employer Mailing Address/Principal Place of Business  111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDVIEW AVENUE SUITE 2					
Business  111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDVIEW AVENUE SLITTE 2	cupatio	<b>on</b>	RESIDE	NT	
111 ROOSELVELT BLVD  Full Name of Contributor ANTHONY HORBAL  Mailing  1301 GRANDVIEW AVENUE SUITE 2		State		Zip Code (Plus 4)	
ANTHONY HORBAL  Mailing 1301 GRANDVIEW AVENUE SUITE 2		PA		15906	
	10	DAY	YEAR		
Address 1301 Grand VIEW AVENUE, 30112 2				<b>\$</b> 1,000.00	
City PITTSBURGH State Zip Code (Plus 4)		28	2019		
PA 15211	3				
Employer Name TELEHEALTH SUITE Occur	3	Occupation MANAGEMENT			
Employer Mailing Address/Principal Place of City		on M	State Zip Code (Plus 4)		
Business  1301 GRANDVIEW AVENUE  PITTSBURGH	ccupatio	M	T		

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

**PAGE TOTAL** 

**\$** 11,500.00

### 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 Ca	ndidate		Reporting Period					
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	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>1/2/2019</u> <b>To:</b>	4/1/2019
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,		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reportin	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL	
Section 2.						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Period				
				Fr	om:		То:	То:		
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of Ci	ity	Stat	e	Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					led				PAGE TOTAL 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Zip Code (Plus 4)  Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Page, Item L	<b>).</b>			\$	0.00	