

Commonwealth of Pennsylvania

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 : 20180045		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JIM GREGORY										
Street Address: 227 JEFFERSON AVENUE										
City: TYRONE			State: PA	Zip Code: 16686						
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 2020	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	County Code	
				MO	DAY	YEAR				
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2020	TO	3	9	2020		
A. Amount Brought Forward From Last Report				\$		17,448.90				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,585.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		19,033.90				
D. Total Expenditures (From Schedule III)				\$		4,201.79				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		14,832.11				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JIM GREGORY	From: <u>1/1/2020</u> To: <u>3/9/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,135.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 450.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,585.00
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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 Candidate FRIENDS OF JIM GREGORY	Reporting Period From: <u>1/1/2020</u> To: <u>3/9/2020</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	AMOUNT
PSEA PACE				
Mailing Address 400 NORTH THIRD STREET	2	3	2020	\$ 100.00
City HARRISBURG State PA Zip Code (Plus 4) 17105				

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

PAGE TOTAL
\$ 100.00

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)**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JIM GREGORY	From: <u>1/1/2020</u> To: <u>3/9/2020</u>

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	
DAVID SERIELLO						
Mailing Address 1500 HARRISON AVENUE					\$ 250.00	
City ALTOONA	State	Zip Code (Plus 4)	2	3		2020
	PA	16602				
Full Name of Contributor			MO	DAY	YEAR	
JUDITH WARD						
Mailing Address 3521 SYLVAN HEIGHTS DRIVE					\$ 100.00	
City HOLLIDAYSBURG	State	Zip Code (Plus 4)	2	3		2020
	PA	16648				

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

PAGE TOTAL
\$ 350.00

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	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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.)

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 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.

PAGE TOTAL
\$ 0.00

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			MO	DAY	YEAR	\$ 0.00
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

Name of Filing Committee or Candidate FRIENDS OF JIM GREGORY	Reporting Period From: <u>1/1/2020</u> To: <u>3/9/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
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	
Mailing Address				\$ 0.00
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.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
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
FRIENDS OF JIM GREGORY	From <u>1/1/2020</u> To: <u>3/9/2020</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
CAPOZZI GROUP	1	16	2020	\$	250.00
Mailing Address 1211 LOCKE MOUNTAIN ROAD					
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648	Description of Expenditure ADVERTISING		
To Whom Paid	MO	DAY	YEAR		
HOUSE REPUBLICAN CAMPAIGN COMMITTEE					
Mailing Address 121 STATE STREET	1	9	2020	\$	650.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADVERTISING		
To Whom Paid	MO	DAY	YEAR		
LIGHTNER COMMUNICATIONS					
Mailing Address 2513 6TH AVENUE	1	9	2020	\$	200.00
City ALTOONA	State PA	Zip Code (Plus 4) 16602	Description of Expenditure ADVERTISING		
To Whom Paid	MO	DAY	YEAR		
FREEDOM TOWNSHIP FIRE HALL					
Mailing Address 139 MUNICIPAL STREET	2	1	2020	\$	1,000.00
City EAST FREEDOM	State PA	Zip Code (Plus 4) 16637	Description of Expenditure ADVERTISING		
To Whom Paid	MO	DAY	YEAR		
ALTOONA GUN & RIFLE CLUB					
Mailing Address 207 STONEY POINT ROAD	2	6	2020	\$	100.00
City ALTOONA	State PA	Zip Code (Plus 4) 16601	Description of Expenditure ADVERTISING		
To Whom Paid	MO	DAY	YEAR		
HILTON HARRISBURG					
Mailing Address ONE NORTH SECOND STREET	2	7	2020	\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADVERTISING		

To Whom Paid COMMONWEALTH CAMPAIGNS LLC			MO	DAY	YEAR	\$	1,170.99
Mailing Address 121 STATE STREET			2	11	2020		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADVERTISING				
To Whom Paid WOMENS CLUB OF TYRONE			MO	DAY	YEAR	\$	21.00
Mailing Address PO BOX 162			2	22	2020		
City TYRONE	State PA	Zip Code (Plus 4) 16686	Description of Expenditure ADVERTISING				
To Whom Paid COPYRITE			MO	DAY	YEAR	\$	84.80
Mailing Address 1904 UNION AVENUE			2	7	2020		
City ALTOONA	State PA	Zip Code (Plus 4) 16601	Description of Expenditure ADVERTISING				
To Whom Paid TYRONE CHAMBER OF COMMERCE			MO	DAY	YEAR	\$	100.00
Mailing Address 1004 LOGAN AVENUE			2	7	2020		
City TYRONE	State PA	Zip Code (Plus 4) 16686	Description of Expenditure ADVERTISING				
To Whom Paid ALTOONA KIWANIS CLUB			MO	DAY	YEAR	\$	125.00
Mailing Address 809 SPRUCE STREET			2	20	2020		
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648	Description of Expenditure ADVERTISING				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	4,201.79

