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 2	200115	54				Repo			CAI	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Ca	ndidat	e or Lo	bbyis	t:		GREA	TE	R JOI	HNST	NWC	N REG	IONA	L PAC						
Street Address:	111 MAR	KET ST	Γ																	
City:	JOHNSTO	WN								State	e:	PA			Zip Cod	le: 15	901-0	0000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND F PRIMA		PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		. X	2ND F ELECT		PRE-	- 5.		30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes		No	\
report type)	ANNUAL REP	ORT 7	' .	Year :	2020					NG ME		_			PAPER	\	DIS	(ETTE		
Name of Office S	ought by Can	didate	:							DAT	E O	F ELE	СТІС	N	District Number	Office Code	Pa	rty Co	le Cou	
									МО			DAY	YI	AR		1			1	
											11		3	2020		(SEE INS	STRUCTI	ONS FO	R CODES	5)
Summary of		d	мо	DA	Y	YEAR				МО		DAY	YI	AR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	from:			6	23	20)20	T	0		9		14	2020						
A. Amount Bro	ught Forward	From I	Last R	eport					\$					70.19						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,950.00																				
C. Total Funds Available (Sum Of Lines A and B) \$ 4,020.19																				
D. Total Expenditures (From Schedule III) \$ 2,529.00																				
E. Ending Cash Balance (Subtract Line D From Line C)							\$				1,4	91.19								
F. Value Of In-	Kind Contribu	tions R	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	ions (F	From S	chedu	le IV))			\$	\$ 0.00										
						AFFI	ΙDΑ	VI٦	SE	CTIC	N									
PART I - If this is		=	•		_									_						
I swear (or affirm) correct and comple		t, includ	ling the	attach	ed sch	edules	filed	on p	aper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	vledge	and b	elief , tı	rue
Sworn to and subs	cribed before m day of	e this		20							•		9	ignature	of Perso	n Submitt	ing Re	port		_
		gnature							-						Prin	ted Name	ı			_
My Commission Ex		•									-				Emai	il				_
	мо		DA	λY		YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	date's	author	rized (Comm	ittee	, Ca	ndid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge an	d belie	f this	politic	cal	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ıne 3,1	937 (I	P.L. 133	3,
Sworn to and subsc		this												Si	ignature o	f Candida	ite			-
	day of —— ——			_ 20					•						Printe	d Name				-
	Signa								-		_									_
My Commission Exp	_														Ema	il				
)	DA	ΑY		YR						Area	Code		Da	ytime Te	elephoi	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>6/23/202</u>	<u>0</u> To:	9/14/2020
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)			\$	3,950.00
TOTAL for the Reporting	Period	(3)	\$	3,950.00
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			\$	3,950.00

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		Reporting Period						
			Fro	om:		То	:		
		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

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 Candi	nme of Filing Committee or Candidate		Reporting	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 Co	ommittee or Candidate				Rep	orting Pe	riod				
GREATER JOHNS	STOWN REGIONAL PAC				Fror	n:	6/23/2	<u>020</u> To) :	9/14/2020	
						DA	ATE		АМ	OUNT	
Full Name of Con	tributor					МО	DAY	YEAR			
MARK PASQUERI	LLA					140	DAI	LAK			
Mailing Address	945 MENOHER BOULE	VARD							\$	450.00	
City JOHNSTO)WN	State	Zip	Code (Plus	4)	7	20	2020	'		
		PA	15	905							
Employer Name	CROWN AMERICAN CO	ORP				Occupat					
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code (Plus 4)		
1 PASQUERILLA PLAZA JOHNSTOWN					PA		15901				
Full Name of Contributor KIM KUNKLE					МО	DAY	YEAR				
Mailing 2221 CRABTREE LANE Address								\$	750.00		
City JOHNSTO	OWN	State	Zip	Code (Plus	4)	7	20	2020	'		
		PA	15	905							
Employer Name	LAUREL HOLDINGS IN	IC				Occupation PRESIDENT					
Employer Mailing Business	Address/Principal Plac	e of		City		State Zip Code (P				(Plus 4)	
111 ROOSELVEL	T BLVD			JOHNSTO	OWN		PA		15906		
Full Name of Con	tributor					МО	DAY	YEAR			
THOMAS POLACE	ĒΚ					MO	DAI	ILAK			
Mailing Address	165 MELLOTT DRIVE								\$	750.00	
City JOHNSTO)WN	State	Zip	Code (Plus	4)	7	20	2020	'		
		PA	15	905							
Employer Name JWF INDUSTRIES				Occupat	tion ()PERAT	IONS MAN	IAGER			
Employer Mailing Business	Address/Principal Plac	e of		City			State	Zip Code (Plus 4)			
210 IOLITE AVEN	NUE			JOHNSTO	OWN	PA 15901					

Full Name of Contributor ELMER LASLO	LMER LASLO						
Mailing Address 501 CORRIGAN DRIVE City JOHNSTOWN State Zip Code (Plus 4)				20	2020	\$ 2,000.00	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904			2020		
Employer Name 1ST SUMMIT BANK				Occupation PRESIDENT			
Employer Mailing Address/Principal Place Business	City		State		Zip Code (Plus 4)		
125 DONALD LANE	JOHNSTOWN	PA			15904		

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

PAGE TOTAL
\$ 3,950.00

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		Repor	ting Perio	od			
			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 Perio	d	
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>6/23/2020</u> To:	9/14/2020
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		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
GREATER JOHNSTOWN REGIONAL PAC			From	<u>6/2:</u>	<u>3/2020</u>	То:	9/14/2020
			DATE				AMOUNT
To Whom Paid COMMITTEE TO ELECT WAYNE LANGERHOLC			мо	DAY	YEAR		
Mailing Address PO BOX 412			8	18	2020	\$	1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN EXPENSE				
To Whom Paid LANGERHOLC FOR SENATE COMMITTEE			МО	DAY	YEAR		
Mailing Address PO BOX 412			9	7	2020	\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN EXPENSE - GOLF OUTING				
To Whom Paid COMMITTEE TO ELECT FRANK BURNS			мо	DAY	YEAR		
Mailing Address 1654 WILLIAM PENN AVENUE			9	7	2020	\$	1,000.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15909	Description of Expenditure CAMPAIGN EXPENSE - GOLF OUTING				
To Whom Paid AMERISERV FINANCIAL			МО	DAY	YEAR		
Mailing Address 216 FRANKLIN STREET			8	31	2020	\$	29.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15901	Description of Expenditure SERVICE FEES				
Enter Grand Total of Exper	nditures on Page 1, Re	port Cover Page, Item D).			ı	PAGE TOTAL

2,529.00