

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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	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	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	4	2021		6	7	2021			
A. Amount Brought Forward From Last Report					\$ (12.36)						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 12,000.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 11,987.64						
D. Total Expenditures (From Schedule III)					\$ 4,387.30						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 7,600.34						
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

Name of Filing Committee or Candidate	Reporting Period
GREATER JOHNSTOWN REGIONAL PAC	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

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)	\$ 1,000.00
All Other Contributions (Part D)	\$ 11,000.00
TOTAL for the Reporting Period (3)	\$ 12,000.00

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.)	\$ 12,000.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$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)

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

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

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 Candidate	Reporting Period
GREATER JOHNSTOWN REGIONAL PAC	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

DATE				AMOUNT
Full Name of Contributing Committee				
AMERISERV FINANCIAL INC PAC				
Mailing Address				
216 FRANKLIN ST P O BOX 520				
City	State	Zip Code (Plus 4)		
JOHNSTOWN	PA	15907-0520		
		5	20	2021
				\$ 1,000.00

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

PAGE TOTAL
\$ 1,000.00

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 GREATER JOHNSTOWN REGIONAL PAC	Reporting Period From: <u>5/4/2021</u> To: <u>6/7/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MARK PASQUERILLA							
Mailing Address 1 PASQUERILLA PLAZA				5	6	2021	\$ 2,000.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905					
Employer Name CROWN AMERICAN CORP				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 1 PASQUERILLA PLAZA			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15905	
KIM KUNKLE							
Mailing Address 2221 CRABTREE LANE				5	6	2021	\$ 2,000.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905					
Employer Name LAUREL HOLDINGS INC				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 111 ROOSEVELT BLVD			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15905	
ELMER LASLO							
Mailing Address 501 CORRIGAN DRIVE				5	6	2021	\$ 2,000.00
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905					
Employer Name 1ST SUMMIT BANK				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 125 DONALD LANE			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15904	

Full Name of Contributor SARA ANN SARGENT				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 106 N 2ND STREET				5	6	2021	
City CLEARFIELD	State PA	Zip Code (Plus 4) 16830					
Employer Name SARGENTS COURT REPORTING				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 210			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15901	

Full Name of Contributor EDWARD SHEEHAN				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 802 LUZERNE STREET				5	19	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905					
Employer Name CONCURRENT TECHNOLOGIES				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 100 CTC DRIVE			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15904	

Full Name of Contributor WILLIAM POLACEK				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 437 LEVENTRY ROAD				5	19	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15904					
Employer Name JWF INDUSTRIES				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 84 IRON STREET			City JOHNSTOWN		State PA	Zip Code (Plus 4) 15901	

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

PAGE TOTAL
\$ 11,000.00

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:
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			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		Reporting Period	
GREATER JOHNSTOWN REGIONAL PAC		From: <u>5/4/2021</u> To: <u>6/7/2021</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:
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			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.						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:

				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
GREATER JOHNSTOWN REGIONAL PAC	From <u>5/4/2021</u> To: <u>6/7/2021</u>

DATE				AMOUNT		
To Whom Paid CAMBRIA MAILING SERVICES INC			MO	DAY	YEAR	\$ 1,803.96
Mailing Address PO BOX 203			5	6	2021	
City SALIX	State PA	Zip Code (Plus 4) 15952	Description of Expenditure POSTAGE SERVICE			
To Whom Paid MARK PASQUERILLA			MO	DAY	YEAR	\$ 1,575.00
Mailing Address 1 PASQUERILLA PLAZA			5	19	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15905	Description of Expenditure JOHNSTOWN TRIBUNE DEMOCRAT ADVERTISEMENT			
To Whom Paid DAMIN PRINTING			MO	DAY	YEAR	\$ 995.34
Mailing Address 122 SOUTH LOCUST STREET			5	19	2021	
City EBENSBURG	State PA	Zip Code (Plus 4) 15931	Description of Expenditure PRINTING SERVICES			
To Whom Paid AMERSERV FINANCIAL			MO	DAY	YEAR	\$ 13.00
Mailing Address 216 FRANKLIN STREET			5	28	2021	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15901	Description of Expenditure SERVICE FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,387.30

