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 20	170119					port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Can	didate or	Lol	bbyist:		GRE	EAT /	AMER	ICAN PEI	NNSYL	VANI	A FUND)					
Street Address:	552 ELKNU	JD LANE																
City:	JOHNSTOV	/N							State:	PA			Zip Cod	de: 15	5905-2	064		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		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. X	30 DA		POST-	6.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPO	RT 7.	١	Year 2021					NG METHO	and the second s					DISKE	TTE		
Name of Office S	ought by Cand	idate:							DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YE	AR		10000			-	
									11		2	2021		(SEE IN	STRUCTI	ONS FOR	CODES)	1
Summary of Expenditures		МО		DAY	YEAR			_	МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
			ç	9 14	2	021	. 1	0	10		18	2021	ļ					
A. Amount Bro	ught Forward F	rom Last	: Re	port				\$			2,0	84.82						
B. Total Moneta	ary Contributio	ns And R	ecei	ipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines	A a	and B)				\$			2,0	84.82						
D. Total Expenditures (From Schedule III) \$ 3,500.00																		
E. Ending Cash	Balance (Subt	ract Line	D F	rom Line C	:)			\$			(1,41	15.18)						
F. Value Of In-	Kind Contributi	ons Rece	ive	d (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (Fron	n Sc	chedule IV)			\$				0.00			1			
					AFF	IDA	AVI	ΓSE	CTION									
PART I - If this is	s a Committee	report, tr	eas	urer sign h	ere.	If th	nis is	a Car	ndidate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple		including	the a	attached sch	edule	s file	ed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed before me day of	this		20							S	ignature	of Perso	n Submit	ting Rep	oort		_
								- -					Prin	ted Name	e			-
My Commission Ex	-	ature											Ema	il				-
	мо		DAY	γ	YR			-		Are	ea Cod	le	Daytin	ne Telepi	none Nu	mber		_
Part II- If this is	a report of a c	andidate	's a	uthorized (Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my kno	wled	lge and belie	ef this	poli	itical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me t	his										S	ignature (of Candid	ate			- [
	day of			20				_					Duint	d Name				_
	Signatu	ıre						-					Printe	ed Name				
My Commission Exp	_												Ema	il				_
	мо		DAY	Y	YR	l		•		Area	Code		D	aytime T	elephor	ne Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GREAT AMERICAN PENNSYLVANIA FUND	From:	9/14/20	<u>21</u> To:	10/18/2021
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)			\$	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
			1	_
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

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

PAGE TOTAL
\$ 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		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	me 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 Committee or Candidate		Rep	orting Pe	riod					
			Fron	n:		To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	0.00	

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	Candidate		Report	ing 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 I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Januario 1, Betailet	a cannual y 1 age,	2000011	••			\$	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	
GREAT AMERICAN PENNSYLVANIA FUND	From:	<u>9/14/2021</u> To:	10/18/2021
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:		То:		
				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	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

		ı					
Name of Filing Committee or Candidate			Reporti	ng Period			
GREAT AMERICAN PENNSYLVANIA FUN	ID		From	9/14	4/2021	То:	10/18/2021
				DATE			AMOUNT
To Whom Paid Friends of Martina White			мо	DAY	YEAR		
Mailing Address PO Box 16041			10	18	2021	\$	2,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19114		otion of Exp		1	
To Whom Paid Committee to Elect Frank Burns			МО	DAY	YEAR		
Mailing Address 1654 William Penn H	lighway		10	18	2021	\$	1,000.00
City Johnstown	State PA	Zip Code (Plus 4) 15904	_	otion of Exp		1	

			PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D.		\$	3,500.00