#### **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	4				Repo Filed		:	CA	NDII	DATE		СОМ	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidate	e or Lo	bbyis	t:		GREA	TER	JOH	INST	NO	N REG	IONA	L PAC						
Street Address:	111 MARI	KET ST																		
City:	JOHNSTO	WN								State	e:	PA		Zip Cod	l <b>e:</b> 15	901-0	0000			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND F PRIMA	RIDAY ARY	PRE-	2.		0 DA RIMA			OST-	3.		AMENDMENT REPORT?		Yes		lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION			2ND F ELECT	RIDAY ION	PRE-	- 5.2		0 DAY P			OST-	OST- 6.		TERMINA REPORT?		Yes	Ī	lo	<b>\</b>
report type)	ANNUAL REP	<b>ORT</b> 7.		Year	2022					IG ME CHEC					PAPER		<b>√</b>	DIS	ETTE	
Name of Office S	ought by Can	didate:								DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pai	rty Coc	e Cour	
										МО		DAY	YI	AR		1000			1000	
											11		8	2022		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		d	МО	DA	Y	YEAR				МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONL	1	
Expenditures	from:			9	20	20	)22	TO	)		10	:	24	2022						
A. Amount Bro	ught Forward	From L	ast Re	eport					\$				2	275.55						
B. Total Monet	ary Contributi	ons An	d Rece	eipts (	From	Sched	lule I	)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 275.55																				
D. Total Expenditures (From Schedule III) \$ 13.00																				
E. Ending Cash Balance (Subtract Line D From Line C) \$ 262.55																				
F. Value Of In-	Kind Contribu	tions R	eceive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	ions (F	rom S	chedu	ıle IV)	١			\$					0.00		•				
						AFFI	[DA\	/IT	SE	CTIC	NC									
PART I - If this is		-	•		_															
I swear (or affirm) correct and comple		t, includi	ing the	attach	ed sch	edules	filed o	on pa	per (	or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m day of	e this		20									S	Signature	of Person	n Submitt	ing Re	port		_
	- Sic	gnature						_							Print	ted Name				-
My Commission Ex	_	,									•				Emai	I				_
	мо		DA	Υ		YR						Arc	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	ate's a	autho	rized (	Comm	ittee,	Car	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my l	knowle	dge an	d belie	f this p	politic	al co	ommi	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc		this										-		s	ignature o	f Candida	ite			-
	day of —— ——			20 -											Printe	d Name				-
	Signa	ture						_												_
My Commission Exp	ires														Emai	I				
	МС	,	DA	ΛΥ		YR						Area	Code		Da	ytime Te	elephor	ne Nun	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	9/20/202	<u>2</u> To:	10/24/2022
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
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Cand	idate		Rep	Reporting Period				
			Fro	m:		To	):	
					DATE		АМ	OUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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				
			Fror	n:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 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
	Journal 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	
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
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, 1		\$	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						<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 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 Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
GREATER JOHNSTOWN REGIONAL PAC	From	9/20/2022	То:	10/24/2022		

				DATE			AMOUNT
To Whom Paid AMERISERV FINANCIAL					YEAR		
Mailing Address 216 FRANKLIN STREEET			9	30	2022	\$	13.00
City JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15901	1 .	otion of Exp			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	13.00