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 2017	0119			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:			-	ICAN PEN	NSYLV	ANIA)					
Street Address:	552 ELKNUD	LANE														
City:	JOHNSTOWN						State:	PA			Zip Co	de: 15	905-2	064		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					AY F ARY	POST- 3.			AMENDN REPORT		Yes	N	D I	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 DA ELEC		POST- 6.			TERMIN REPORT		Yes	N	D I	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office S	Leader Sought by Candida	te:					DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	Count	
							мо	DAY	YE	AR						
							11	8	8	2022]	(SEE INS	TRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	from:		9 20	20)22 T	0	10	24	4	2022						
A. Amount Bro	ught Forward From	n Last R	eport			\$			2,5	19.82						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Scheo	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			2,5	19.82						
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$			2,51	19.82	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)	\$				0.00	-					
G. Unpaid Debt	s And Obligations	(From S	chedule IV	')		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee rep		-					• •								
I swear (or affirm correct and comple) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic mee	dium,	are to 1	the best o	f my knov	vledge	and bel	ief , tru	ie
Sworn to and subs	cribed before me this day of	5	20						Si	gnature	e of Perso	n Submitt	ing Rep	ort		-
	Signatu	re				-					Prin	ted Name				-
My Commission Ex	-					_					Ema	il				-
	мо	DA	AY	YR				Area	a Code	2	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cano	didate's	authorized	Comm	ittee, C	andid	ate shall	sign hei	r e.							
No 320) as amende		ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violate	ed any	, provis	ions of th	e act of Ju	ine 3,19	937 (P.	L. 1333	ι,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite			-
						-					Printe	ed Name				-
My Commission Exp	Signature					-					Ema	il				-
	мо	DA	AY	YR		-		Area C	ode		D	aytime Te	elephon	e Numi	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	e						
Name of Filing Committee or Candidate	Reporting	Period					
GREAT AMERICAN PENNSYLVANIA FUNDFrom:9/20/2022To:10/24/2							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			•				
TOTAL for the Reporting	g 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	\$	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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00			
4							

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					Reporting Period						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

0.00

\$

PAGE 3

Use this Part to ite	mize all other 0.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep Froi	orting P m:	eriod	То):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	le, Se	ection 2	2.		\$	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 Report			Reporting	eporting Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate Repo			porting Period					
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		1				1			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL
		iiai y i uge,	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 Period		
GREAT AMERICAN PENNSYLVANIA FUND	From:	<u>9/20/2022</u> то:	<u>10/24/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
			From:			То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	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						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor							tion				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00