### **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 2001	1154				port ed B		CANI	DII	DATE		СОМ	1ITTEE	<b>✓</b>	LOB	BYI	ST	
Name of Filing C	Committee, Candid	late or L	obbyist:		GRE	ATE	R JOI	HNSTO	W١	N REG	IONA	L PAC						
Street Address:	111 MARKET	ST																
City:	JOHNSTOWN							State:		PA			Zip Cod	le: 15	5901-	0000	)	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDMENT Yes No					<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes		No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022					NG MET					PAPER		<b>V</b>	DI	SKETT	E
Name of Office S	Sought by Candida		•					DATE	01	F ELE	CTIC	N	District Number	Office Code	Pa	rty C	ode	ounty ode
								МО		DAY	YI	AR	Number	Code				oue
								1	.1		8	2022		(SEE IN	STRUCT	IONS	FOR CO	DES)
•	Receipts and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FO	R OFFI	CE US	E ON	ILY	
Expenditures	from:		11 29	2	022	Т	0		1		2	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				:	249.55						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				;	249.55						
D. Total Expenditures (From Schedule III)							\$					26.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				2	23.55						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule I\	/)			\$					0.00			•			
				AFF	IDA	AVI	T SE	CTIO	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached so	hedules	s file	d on	paper	or by ele	ctr	onic m	edium	, are to t	he best o	f my kno	wledge	and	belief	, true
Sworn to and subs	cribed before me thi day of	s	20						-		S	Signature	of Perso	1 Submit	ting Re	port		
	Signati	ıre					- -		-				Prin	ted Name	e			
My Commission Ex	kpires								-				Emai	i				
	мо	D	AY	YR						Are	ea Coo	le	Daytim	e Telepl	one N	umbe	er	
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	II s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowle	edge and bel	ief this	poli	tical	comm	ittee has	nc	ot viola	ted ar	y provis	ions of the	e act of J	une 3,1	L937	(P.L. 1	333,
Sworn to and subsc	ribed before me this											s	ignature o	f Candid	ate			一
	day of ————————————————————————————————————						_						Printe	d Name				<u> </u>
	Signature						-		_									
My Commission Exp	_								-			_	Ema	il				
	мо	D.	AY	YR	1		•			Area	Code		Da	ytime T	elepho	ne N	umber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	11/29/202	<u>2</u> To:	1/2/2023
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

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
		From: To				o:			
		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 Filling Committee of Candidate			Reporting Period From: To:						
					DATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	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	ame of Filing Committee or Candidate			Reporting Period						
			From:				То:			
				D	ATE		АМО	DUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address  State  Zin Code (Plus 4)							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupat	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.			PAC	<b>GE TOTAL</b> 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	iod	
GREATER JOHNSTOWN REGIONAL PAC	From:	<u>11/29/2022</u> <b>To:</b>	1/2/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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:			То:		
				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	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (	Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

**PAGE TOTAL** 

26.00

\$

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period			
GREATER JOHNSTOWN REGIO	NAL PAC		From	11/29	9/2022	То:	1/2/2023
				AMOUNT			
To Whom Paid AMERISERV FINANCIAL				DAY	YEAR		
Mailing Address 216 FRANKLIN STREEET			12	31	2022	\$	13.00
City JOHNSTOWN	State PA	<b>Zip Code (Plus 4)</b> 15901	1 '	otion of Exp			
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR		
Mailing Address 216 FRANKLIN STREEET			11	30	2022	\$	13.00
City JOHNSTOWN State Zip Code (Plus 4)			Descrip	otion of Exp	enditure		

15901

PΑ

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SERVICE CHARGE