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	154			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		GRE/	ATE	R JOH	HNSTOW	N REG	IONA	L PAC					
Street Address:	111 MARKET	ST														
City:	JOHNSTOWN							State:	PA			Zip Cod	le: 15	5901-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2. X	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	j.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2023					IG METHO				PAPER DI				TTE
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	Number	coue			code
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Summary of Receipts and Expenditures from: MO DAY YEAR MO DAY YEAR MO DAY YEAR									AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		3 28	20	023	T	0	5		1	2023					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1	97.55					
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)							\$			1	.97.55					
D. Total Expend	ditures (From Sch	edule II	I)				\$				26.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1	71.55					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1		
			F	4FF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	didate re	eport, o	candio	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	dules	filed	on p	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ıre					- -					Prin	ted Name	e		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Telepl	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate		
	day of —— ————						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	3/28/2	<u>2023</u> To:	5/1/2023
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	g 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	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
			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			Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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 Filling Committee of Candidate				Reporting Period From: To:					
					DATE		AN	4OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)	1						

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	ame 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			Reporting Period					
		Fron	n:		То	То:		
			D/	ATE		АМО	UNT	
			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)								
			Occupat	ion				
e of	City			State		Zip Code (Plus 4)	
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobroad Octobro	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG	

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		AN	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 Detaile	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 Perio	od							
GREATER JOHNSTOWN REGIONAL PAC	From:	3/28/2023 To:	5/1/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting	Period				
					Fro	om:		То:			
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•			Occupa	ation				
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	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period							
GREATER JOHNSTOWN REGIO	NAL PAC		From	<u>3/28</u>	8/2023	То:	5/1/2023				
						DATE AMO					
To Whom Paid AMERISERV FINANCIAL				DAY	YEAR						
Mailing Address 216 FRANKLIN STREEET			4	28	2023	\$	13.00				
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15901	1	otion of Exp							
To Whom Paid AMERISERV FINANCIAL			мо	DAY	YEAR						
Mailing Address 216 FRANKLIN STREEET			3	31	2023	\$	13.00				
City JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						

15901

SERVICE CHARGE

РΑ

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

PAGE TOTAL

26.00

\$