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	0180045				Rep File			CANI	DIE	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Can	didate or	Lob	byist:		FRIE	ND:	S OF	JIM GR	EG	ORY								
Street Address:																			
City:	TYRONE								State:		PA			Zip Cod	le: 16	686			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	PRE-	. 2	2. X	30 DA		P	OST-	3.		AMENDMENT REPORT?		Yes	١	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY LECTION	PRE	- 5	j.	30 DA		P	OST-	6.		TERMINA REPORT?	Yes	Ν	lo	/	
report type)	ANNUAL REPO	RT 7.	Y	ear 2023					IG MET CHECK		_			PAPER	\	DISK	ETTE		
Name of Office S	- Sought by Cand	idate:	-						DATE	OI	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	e Coui	
									мо		DAY	YI	EAR			REF	1	•	
									1	11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	6)
Summary of		МО		DAY	YEAR				МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONL	'	
Expenditures	rrom:		3	28	20	023	Т	0		5		1	2023						
A. Amount Bro	ught Forward F	rom Last	Rep	ort				\$				40,2	265.89						
B. Total Moneta	ary Contributio	ns And Re	eceip	pts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	1 Of Lines	A ar	nd B)				\$				40,2	265.89						
D. Total Expenditures (From Schedule III) \$ 320.00																			
E. Ending Cash	Balance (Subt	ract Line	D Fr	om Line C	:)			\$				39,9	45.89						
F. Value Of In-	Kind Contributi	ions Recei	ived	(From Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (From	Sch	nedule IV))			\$					0.00						
					AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is				_															
I swear (or affirm) correct and comple		including t	he at	ttached sch	edules	filed	on	paper	or by ele	ectr	onic me	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this	2	0						-		S	Signature	of Person	n Submitt	ing Re _l	ort		
	Sigr	nature						-		-				Print	ed Name				
My Commission Ex	rpires							_						Emai	I				
	МО		DAY		YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate'	's au	thorized (Comm	ittee	e, Ca	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		of my knov	vledg	ge and belie	f this	politi	ical	comm	ittee has	s no	t violat	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me t day of	:his	_	20									s	ignature o	f Candida	ite			_
			_ 2					-						Printe	d Name				-
	Signatu	ıre						-		_									_
My Commission Exp	ires													Emai	il				
	МО		DAY		YR			•			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JIM GREGORY	From:	<u>3/28/202</u>	<u>3</u> To:	5/1/2023
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	J 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

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 Candida	te	1	Reporting Period						
		-1	From:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address	_	_				\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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.

Name of Filing Commi	ttee or Candidate		Rep	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				Ĭ	l	

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						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
Mailing Address								
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip

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 Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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	
FRIENDS OF JIM GREGORY	From:	3/28/2023 To :	<u>5/1/2023</u>
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 Candidate			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address	Mailing Address					7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

PAGE TOTAL

320.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate			Reporti	ng Period					
FRIENDS OF JIM GREGORY				From	From <u>3/28/2023</u> To:					
					DATE			AMOUNT		
To Whom Paid				МО	DAY	YEAR				
PRECIOUS LIFE	RECIOUS LIFE									
Mailing Address			3	31	2023	\$	200.00			
City ALTOONA	State		Zip Code (Plus 4)	Description of Expenditure						
	PA		16601	ADVER	ΓISING					
To Whom Paid				мо	DAY	YEAR				
ROWLAND THEATRE				140		ILAK				
Mailing Address				4	9	2023	\$	120.00		
City PHILIPSBURG	State		Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA		16866	ADVER	ΓISING					

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