

Commonwealth of Pennsylvania

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20180045		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JIM GREGORY										
Street Address: 227 JEFFERSON AVENUE										
City: TYRONE			State: PA		Zip Code: 16686					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	REP			
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	19	2023	TO	10	23	2023		
A. Amount Brought Forward From Last Report				\$		87,827.46				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		13,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		100,827.46				
D. Total Expenditures (From Schedule III)				\$		3,791.86				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		97,035.60				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JIM GREGORY	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

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)	\$ 6,000.00
All Other Contributions (Part D)	\$ 7,000.00
TOTAL for the Reporting Period (3)	\$ 13,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 13,000.00
---	--------------

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 Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 B
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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			\$ 0.00

PAGE TOTAL
\$ 0.00

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

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 FRIENDS OF JIM GREGORY	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
--	---

			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
PLUMBERS & PIPEFITTERS LOCAL 354	PO DWR	YOUNGWOOD	10	10	2023	\$ 1,000.00
	State	Zip Code (Plus 4)				
	PA	15697				
OPERATORS FOR SKILL PAC	PO BOX 343	HARRISBURG	10	10	2023	\$ 5,000.00
	State	Zip Code (Plus 4)				
	PA	171080343				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 6,000.00

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 FRIENDS OF JIM GREGORY	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
--	---

				DATE	AMOUNT		
Full Name of Contributor TIMOTHY BALCONI				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1207 FOUR LEAF LANE				10	20	2023	
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648					
Employer Name UPMC ALTOONA HOSPITAL				Occupation FOUNDATION PRESIDENT			
Employer Mailing Address/Principal Place of Business 620 HOWARD AVENUE			City ALTOONA	State PA	Zip Code (Plus 4) 16601		
Full Name of Contributor MAURICE LAWRUK				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 210 WEST PLANK ROAD				9	20	2023	
City ALTOONA	State PA	Zip Code (Plus 4) 16602					
Employer Name LAWRUK PROPERTIES				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 210 W PLANK ROAD			City ALTOONA	State PA	Zip Code (Plus 4) 16602		
Full Name of Contributor MICHAEL CORSO				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 620 HOWARD AVENUE				9	20	2023	
City ALTOONA	State PA	Zip Code (Plus 4) 16601					
Employer Name UPMC ALTOONA HOSPITAL				Occupation VP OPERATIONS			
Employer Mailing Address/Principal Place of Business 620 HOWARD AVENUE			City ALTOONA	State PA	Zip Code (Plus 4) 16601		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 7,000.00

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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 FRIENDS OF JIM GREGORY	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 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	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JIM GREGORY	From <u>9/19/2023</u> To: <u>10/23/2023</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
TYRONE CHAMBER OF COMMERCE	9	20	2023	\$	100.00
Mailing Address 1004 LOGAN AVENUE					
City TYRONE					
State PA					
Zip Code (Plus 4) 16686					
Description of Expenditure ADVERTISING					
To Whom Paid	MO	DAY	YEAR		
BLAIR COUNTY FRIENDS OF NRA					
Mailing Address 139 APPLE STREET	9	29	2023	\$	100.00
City DUNCANSVILLE					
State PA					
Zip Code (Plus 4) 16635					
Description of Expenditure ADVERTISING					
To Whom Paid	MO	DAY	YEAR		
HARRY MULLINS					
Mailing Address 120 E SECOND STREET	10	10	2023	\$	500.00
City WILLIAMSBURG					
State PA					
Zip Code (Plus 4) 16693					
Description of Expenditure DONATION					
To Whom Paid	MO	DAY	YEAR		
FULLINGTON BUS COMPANY					
Mailing Address 152 N ATHERTON STREET	10	16	2023	\$	2,130.00
City STATE COLLEGE					
State PA					
Zip Code (Plus 4) 16801					
Description of Expenditure PRO LIFE RALLY BUS TRIP					
To Whom Paid	MO	DAY	YEAR		
FRIENDS TO ELECT JUDGE FRED MILLER					
Mailing Address 227 JEFFERSON AVENUE	10	3	2023	\$	100.00
City TYRONE					
State PA					
Zip Code (Plus 4) 16686					
Description of Expenditure DONATION					
To Whom Paid	MO	DAY	YEAR		
JIM GREGORY					
Mailing Address 227 JEFFERSON AVENUE	10	23	2023	\$	861.86
City TYRONE					
State PA					
Zip Code (Plus 4) 16686					
Description of Expenditure EXPENSE REIMBURSEMENTS					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL
					\$ 3,791.86

