### **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 200	01154				ported E		CA	NDII	DATE		СОМИ	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	.obbyist:		GRE	ATE	R JOI	HNST	OWI	N REG	IONA	AL PAC						
Street Address:	111 MARKE	T ST																
City:	JOHNSTOW	N						State	e:	PA			<b>Zip Code:</b> 15901					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY						30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	No	0	<b>√</b>
(place X to the right of	THE ELECTION					5.	30 DAY PELECTION			OST-			TERMINATION REPORT?		Yes	No	)	<b>√</b>
report type)							FILING METHO ( ) CHECK ON			_			PAPER		<b>√</b>	DISKI	ETTE	
Name of Office S	ought by Candi	date:	•		-			DAT	ЕΟ	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Code	Code	
								МО		DAY	Y	EAR						
									11		8	2005		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of Expenditures	Receipts and	МО	DAY	YEAF		_		МО		DAY		EAR	FO	R OFFIC	E USE	ONLY		
			1	1	1	I	0		11	- 7	28	2005						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$				44,	821.60						
B. Total Monetary Contributions And Receipts (From Schedule I) \$										53.45								
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$				44,	875.05						
D. Total Expend	ditures (From Se	hedule I	II)				\$				1,	595.00						
E. Ending Cash	Balance (Subtra	act Line D	From Lin	e C)			\$				43,	280.05						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From	Schedu	ile II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule	IV)			\$					0.00						
				AFF	FIDA	٩VI	T SE	CTIC	NC									
PART I - If this is			_									_						
I swear (or affirm) correct and comple		ncluding th	e attached	schedule	s file	d on	paper	or by e	electr	onic m	ediun	n, are to t	the best of	my knov	vledge	and bel	ief , tr	ue.
Sworn to and subs	cribed before me t day of	his	20						,			Signature	of Perso	n Submitt	ing Re	port		_
	Signa	ture					- -						Print	ted Name				-
My Commission Ex	cpires						_		•				Emai	I				
	МО	D	AY	YR	ļ.					Arc	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	ed Comr	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my know	edge and b	elief this	s poli	tical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.I	L. 133	3,
Sworn to and subsc		is										s	ignature o	f Candida	ite			-
	day of						_						Printe	d Name				-
	Signatur	e					-							-				_
My Commission Exp	ires												Emai	I				
	МО	D	PAY	YF	₹		-			Area	Code		Da	ytime Te	elephor	ne Numl	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
GREATER JOHNSTOWN REGIONAL PAC	From:	То:	11/28/2005
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)	\$	53.45
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		\$	53.45

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

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 Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				мо	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 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	me of Filing Committee or Candidate				Reporting Period						
				Fror	n:		To	o:			
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$		0.00	
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)	
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</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 Can	didate		Report	ing Perio	od		
GREATER JOHNSTOWN REGIONA	AL PAC		From:			To:	11/28/2005
				D	ATE		AMOUNT
Full Name  AMERISERV FINANCIAL				МО	DAY	YEAR	
Mailing Address 216 FRANKLI	N STREET						\$ 53.45
<b>City</b> JOHNSTOWN	<b>State</b> PA	<b>Zip Code (</b> 15907	Plus 4)	10	31	2005	
Receipt Description INTERES	ST INCOME						
Enter Grand Total of Part E on S	Schedule I. Detailed	l Summary Page.	Section	4.			 PAGE TOTAL
							\$ 53.45

#### **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		
GREATER JOHNSTOWN REGIONAL PAC	From:	To:	11/28/2005
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 Candid	ate		Reportin	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
GREATER JOHNSTOWN REGIC	NAL PAC		From			То:	11/28/2005
		l		DATE	AMOUNT		
To Whom Paid THE GLEASON AGENCY INC			мо	DAY	YEAR		
Mailing Address 551 MAIN STREET SUITE 204				22	2005	\$	1,250.00
City JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15907	1	ption of Exp ITY INSURA			
To Whom Paid WESSEL & COMPANY CPA'S			МО	DAY	YEAR		
Mailing Address 215 MAIN S	STREET		11	21	2005	\$	345.00
City JOHNSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15901	Description of Expenditure ACCOUNTING FEES				
	'	<u> </u>					PAGE TOTAL

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

1,595.00