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 2017	'0119				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		GRE	EAT /	AMER:	ICAN PE	NNSYL	VANI	A FUND)					
Street Address:	552 ELKNUD	LANE															
City:	JOHNSTOWN							State:	PA			Zip Cod	le: 15	5905-2	064		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	2ND FRIDAY PRE- PRIMARY 2. 30 C PRIM					POST- 3.			AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	ND FRIDAY PRE- 5. 30 DAY ELECTION					POST-	6. X		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	Year 2023					ILING METHOD () CHECK ONE					PAPER DISK			TTE	
Name of Office S	Sought by Candida	te:	-					DATE ()F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
	- ,							МО	DAY	YE	AR	Number Code Code					
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		10 24	2	023	T	0	11		27	2023						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			1	69.82						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	:)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			'			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	is is	a Can	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sch	edules	s file	d on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me thi day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					-					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 (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	f this	polit	tical	commi	ittee has ı	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							_					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
rry Commission Exp							•										
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GREAT AMERICAN PENNSYLVANIA FUND	From:	10/24/202	<u>3</u> To:	11/27/2023
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	y 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	J 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

	his Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contributin	ng Committee			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

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			Rep					
			Fro	m:		To) :	
					DATE		A	MOUNT
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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Re				Reporting Period					
						To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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	Name of Filing Committee or Candidate			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 Peri	od	
GREAT AMERICAN PENNSYLVANIA FUND	From:	<u>10/24/2023</u> To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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 Re			Reporting	g Period			
	From:						
				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				Re	porting F	Period				
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principal Business	Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
).			\$	0.00