

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:												
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.	30 DAY POST-ELECTION	6. X	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			
		10	24	2023		11	27	2023				
A. Amount Brought Forward From Last Report						\$ 97,035.60						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 8,650.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 105,685.60						
D. Total Expenditures (From Schedule III)						\$ 1,559.25						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 104,126.35						
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>10/24/2023</u> To: <u>11/27/2023</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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

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)	\$ 8,500.00
TOTAL for the Reporting Period (3)	\$ 8,500.00

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.)	\$ 8,650.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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
FRIENDS OF JIM GREGORY	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

DATE				AMOUNT
Full Name of Contributor				
ANDREA COHEN & PHILIP DEVORRIS				
Mailing Address				
City ALTOONA	State PA	Zip Code (Plus 4) 16603	MO 10 DAY 30 YEAR 2023	\$ 150.00

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

PAGE TOTAL
\$ 150.00

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: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT		
Full Name of Contributor THOMAS & COLLEEN DELEO				MO	DAY	YEAR	\$ 500.00
Mailing Address City HOLLIDAYSBURG State PA Zip Code (Plus 4) 16648				10	25	2023	
Employer Name DELEO GAMES				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business				City ALTOONA		State PA	Zip Code (Plus 4) 16601
Full Name of Contributor GREG & SHANNON MORRIS - VMASC LP				MO	DAY	YEAR	\$ 2,000.00
Mailing Address City ALTOONA State PA Zip Code (Plus 4) 16603				10	30	2023	
Employer Name VMASC LP				Occupation OWNER			
Employer Mailing Address/Principal Place of Business				City ALTOONA		State PA	Zip Code (Plus 4) 16603
Full Name of Contributor CHARLES MAXWELL				MO	DAY	YEAR	\$ 2,500.00
Mailing Address City HOLLIDAYSBURG State PA Zip Code (Plus 4) 16648				11	8	2023	
Employer Name MAXWELL TRANSIT SYSTEMS, INC				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business				City HOLLIDAYSBURG		State PA	Zip Code (Plus 4) 16648
Full Name of Contributor GEORGE HENRY				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City HOLLIDAYSBURG State PA Zip Code (Plus 4) 16648				11	8	2023	
Employer Name HENRY ENTERPRISES				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business				City HOLLIDAYSBURG		State PA	Zip Code (Plus 4) 16648

Full Name of Contributor JOSEPH & JOAN KELLER			MO 11	DAY 9	YEAR 2023	\$ 2,500.00
Mailing Address						
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648				
Employer Name KELLER ENGINEERS			Occupation MANAGER			
Employer Mailing Address/Principal Place of Business		City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648		

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

PAGE TOTAL
\$ 8,500.00

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	\$	0.00
Mailing Address								
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		Reporting Period	
FRIENDS OF JIM GREGORY		From: <u>10/24/2023</u> To: <u>11/27/2023</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
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>10/24/2023</u> To: <u>11/27/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
TYRONE AREA COMMUNITY ORGANIZATION				
Mailing Address	10	25	2023	\$ 100.00
City TYRONE	State PA	Zip Code (Plus 4) 16686	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
JIM GREGORY				
Mailing Address	11	1	2023	\$ 259.25
City TYRONE	State PA	Zip Code (Plus 4) 16686	Description of Expenditure ADVERTISING - PARADE CANDY REIMB.	
To Whom Paid	MO	DAY	YEAR	
BLAIR COUNTY SPORTS HALL OF FAME				
Mailing Address	11	21	2023	\$ 1,000.00
City ALTOONA	State PA	Zip Code (Plus 4) 16603	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
BLAIR COUNTY FARM BUREAU				
Mailing Address	11	27	2023	\$ 100.00
City MARTINSBURG	State PA	Zip Code (Plus 4) 16662	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
HUNTINGDON COUNTY FARM BUREAU				
Mailing Address	11	27	2023	\$ 100.00
City PETERSBURG	State PA	Zip Code (Plus 4) 16669	Description of Expenditure ADVERTISING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 1,559.25

