

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.	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	TO	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

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>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	

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
FRIENDS OF JIM GREGORY	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
ANDREA COHEN & PHILIP DEVORRIS					
Mailing Address PO BOX 2566					\$ 150.00
City ALTOONA	10	30	2023		
State PA					
Zip Code (Plus 4) 16603					

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	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 JOSEPH & JOAN KELLER				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 120 CLOVER CIRCLE				11	9	2023	
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648					
Employer Name KELLER ENGINEERS				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 420 ALLEGHENY STREET			City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648		
Full Name of Contributor GEORGE HENRY				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 156				11	8	2023	
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648					
Employer Name HENRY ENTERPRISES				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 433 LOOP ROAD			City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648		
Full Name of Contributor CHARLES MAXWELL				MO	DAY	YEAR	\$ 2,500.00
Mailing Address RR1 BOX 330				11	8	2023	
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648					
Employer Name MAXWELL TRANSIT SYSTEMS, INC				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 421 TRANSIT LANE			City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648		
Full Name of Contributor GREG & SHANNON MORRIS - VMASC LP				MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 1252				10	30	2023	
City ALTOONA	State PA	Zip Code (Plus 4) 16603					
Employer Name VMASC LP				Occupation OWNER			
Employer Mailing Address/Principal Place of Business PO BOX 1252			City ALTOONA	State PA	Zip Code (Plus 4) 16603		

Full Name of Contributor THOMAS & COLLEEN DELEO			MO	DAY	YEAR	\$ 500.00
Mailing Address 1409 BLAIRMONT TERRACE			10	25	2023	
City HOLLIDAYSBURG	State PA	Zip Code (Plus 4) 16648				
Employer Name DELEO GAMES			Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 411 7TH STREET		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
\$ 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 FRIENDS OF JIM GREGORY	Reporting Period 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	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 0.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>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.)</p>	<p style="text-align: right;">\$ 0.00</p>

**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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
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 FRIENDS OF JIM GREGORY	Reporting Period From <u>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
TYRONE AREA COMMUNITY ORGANIZATION	10	25	2023	\$	100.00
Mailing Address PO BOX 128					
City TYRONE				Description of Expenditure	
State PA				ADVERTISING	
Zip Code (Plus 4) 16686					
To Whom Paid	MO	DAY	YEAR		
JIM GREGORY					
Mailing Address 227 JEFFERSON STREET	11	1	2023	\$	259.25
City TYRONE				Description of Expenditure	
State PA				ADVERTISING - PARADE CANDY REIMB.	
Zip Code (Plus 4) 16686					
To Whom Paid	MO	DAY	YEAR		
BLAIR COUNTY SPORTS HALL OF FAME					
Mailing Address PO BOX 162	11	21	2023	\$	1,000.00
City ALTOONA				Description of Expenditure	
State PA				ADVERTISING	
Zip Code (Plus 4) 16603					
To Whom Paid	MO	DAY	YEAR		
BLAIR COUNTY FARM BUREAU					
Mailing Address 2705 HENRIETTA ROAD	11	27	2023	\$	100.00
City MARTINSBURG				Description of Expenditure	
State PA				ADVERTISING	
Zip Code (Plus 4) 16662					
To Whom Paid	MO	DAY	YEAR		
HUNTINGDON COUNTY FARM BUREAU					
Mailing Address 6176 SHAVERS CREEK ROAD	11	27	2023	\$	100.00
City PETERSBURG				Description of Expenditure	
State PA				ADVERTISING	
Zip Code (Plus 4) 16669					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL
					\$ 1,559.25

