Campaign Finance Report

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

Filer Identificat Number :	ion 20	001154			Repor		CANDI	DATE	со	MMITTEE	✓	LOBI	BYIST		
Name of Filing	Committee, Can	didate or L	obbyist:			-	HNSTOW	N REGI	ONAL PA	С					
Street Address:	111 MARK	ET ST													
City:	JOHNSTOV	VN					State:	PA		Zip Co	de: 15	15901			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	IDAY PRE Y	- 2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	iday pre Dn	E- 5.	30 D. ELEC	AY F TION	POST- 6.			TERMINATION REPORT?		No	\checkmark	
report type)	ANNUAL REPO	RT 7. X	Year 20	05			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE	
Name of Office	⊥ Sought by Cand	idate:					DATE O	F ELEC	TION	District		Par	ty Code	County Code	
							мо	DAY	YEAR		couc			couc	
							11		8 20)5	(SEE IN	STRUCTI	ONS FOR O	ODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	F	OR OFFIC	CE USE	ONLY		
Expenditure	s from:		1	1	1 T	0	12	3	1 20	05					
A. Amount Bro	ought Forward F	From Last F	Report			\$			43,280.0)5					
B. Total Monet	ary Contributio	ns And Re	ceipts (Fi	rom Sche	dule I)	\$	\$ 67.43								
C. Total Funds	Available (Sum	n Of Lines A	A and B)			\$	5		43,347.4	18					
D. Total Expen	ditures (From S	Schedule II	11)			\$	5		10,045.0	0					
E. Ending Cash	n Balance (Subt	ract Line D	From Li	ne C)		\$	5		33,302.4	8					
F. Value Of In-	-Kind Contributi	ions Receiv	ved (Fron	n Schedu	le II)	\$	5		0.0	0					
G. Unpaid Deb	ts And Obligation	ons (From	Schedule	e IV)		\$	5		0.0	0		•			
				AFF	IDAVI	T SE	CTION								
PART I - If this i		• •		-						-					
I swear (or affirm correct and compl		including th	e attached	l schedule:	s filed on	paper	or by elect	ronic me	dium, are	to the best	of my knov	wledge	and beli	ef , true	
Sworn to and sub	scribed before me day of	this	20			_			Signat	ure of Perso	on Submit	ting Rep	oort		
	Sigr	nature				_				Pri	nted Name	9			
My Commission E	xpires					_				Ema	ail				
	МО	D	AY	YR				Area	a Code	Daytiı	ne Teleph	ione Nu	mber		
Part II- If this is	a report of a c	andidate's	authoriz	ed Com	nittee, C	Candid	late shall	sign he	r e.						
I swear (or affirm No 320) as amend		of my know	edge and	belief this	s political	comn	nittee has n	ot violate	ed any pro	visions of tl	ne act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me t day of	this	20							Signature	of Candid	ate			
						_				Print	ed Name				
My Commission Ex	Signatu pires	ıre				-				Em	ail				
						_					=				
	мо	C	YAY	YR	ł			Area C	ode	[Daytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GREATER JOHNSTOWN REGIONAL PAC From: To: 12/31/2005 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 67.43 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 67.43 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				From: To:					
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod	_		
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				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. \$ 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 Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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					
GREATER JOHNSTOWN REGIONAL PAC From:			rom: To:				<u>12/31/2005</u>		
				D	ATE			AMOUNT	
Full Name AMERISERV FINANCIAL				мо	DAY	YEAR			
Mailing Address 216 FRANKLIN STREET							\$	67.43	
City JOHNSTOWN	State PA	Zip Code (15907	Plus 4)	12	31	200!	5		
Receipt Description INTEREST INC	COME			-	-	-			
Enter Grand Total of Part E on Sched	ule I. Detailed	l Summary Page.	Section	4.				PAGE TOTAL	
	,		20000				\$	67.43	

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:	То:	<u>12/31/2005</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	Γ F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
	From:			То:				
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor			•			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	f Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
GREATER JOHNSTOWN REGIONAL PAG	GREATER JOHNSTOWN REGIONAL PAC					То:	<u>12/31/2005</u>	
				DATE			AMOUNT	
To Whom Paid RE-ELECT RENDELL GOVERNOR				DAY	YEAR			
Mailing Address				7	2005	\$	10,000.00	
City State Zip Code (Plus 4)				Description of Expenditure CONTRIBUTION				
To Whom Paid WESSEL & COMPANY CPA'S			мо	DAY	YEAR			
Mailing Address 215 MAIN STREET			12	13	2005	\$	45.00	
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15901		otion of Exp NTING FEE		1		
Enter Grand Total of Expenditures	n Page 1 Report C	over Page Ttem (<u> </u>				PAGE TOTAL	
	on Page 1, Report C	over Page, item i				\$	10,045.00	