



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		DAVID C GREGORY		
Street Address		7090 W LAKE RD		
City	FAIRVIEW	State	PA	Zip Code
16415				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/26/19	12/31/19	
A. Amount Brought Forward From Last Report	\$	<del>892.45</del> 892.45	<p>2020 JAN 29 PM 3:15</p> <p>PROFESSIONAL VOTER REGISTRATION</p> <p>(90)</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$		
E. Ending Cash Balance (Subtract Line D from Line C)	\$		
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29<sup>th</sup> day of January 20 2020

Mano Viscuso

Signature

My Commission expires Oct 20 2020

MO. DAY YR.

David C Gregory

Signature of Person Submitting report

DAVID C GREGORY

Printed Name

814

Area Code

460-1788

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.

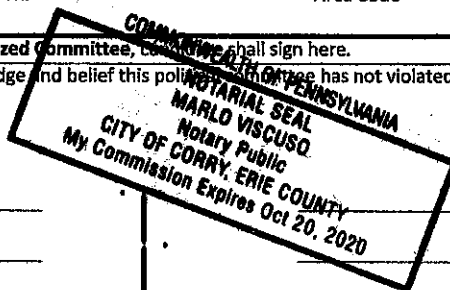
Sworn to and subscribed before me this

day of 20

Signature

My Commission expires

MO. DAY YR.



Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

**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.

Filer Identification Number																			
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														Amount												
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$						
House #										Street Address										Date [MM/DD/YYYY]		\$				
City										State										Zip Code		Date [MM/DD/YYYY]		\$		

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:											
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Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	

**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 over \$250.00 in the reporting period.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

**PART D**  
**All Other Contributions**

**Over \$250.00**

**Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

## PART E

**Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:									
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

**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**

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$

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, Report Cover Page, Item F)		\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name			Occupation					
Employer Mailing Address / Principal Place of Business			Description of Contribution					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name			Occupation					
Employer Mailing Address / Principal Place of Business			Description of Contribution					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name			Occupation					
Employer Mailing Address / Principal Place of Business			Description of Contribution					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name			Occupation					
Employer Mailing Address / Principal Place of Business			Description of Contribution					

SCHEDULE III  
**Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

**SCHEDULE IV**

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code				
Description of Debt							