

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DR JOHN JOYCE FOR CONGRESS

ADDRESS (number and street)

1002 LOGAN BLVD

STE 114 #237



Check if different than previously reported. (ACC)

ALTOONA

PA

16602-4067

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00674259

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

PA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 08 / 2022

in the State of

PA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2022

through

M M / D D / Y Y Y Y
10 / 19 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KILGORE, PAUL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 27 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name
DR JOHN JOYCE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
 10 / 01 / 2022

To:

M M / D D / Y Y Y Y
 10 / 19 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32093.92	1059482.25
(b) Total Contribution Refunds (from Line 20(d))	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	32093.92	1057732.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6026.69	428165.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6026.69	428165.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1723198.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	906423.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DR JOHN JOYCE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	2	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

7325.00

312966.00

(ii) Unitemized.....

195.00

4581.00

(iii) TOTAL of contributions from individuals ▶

7520.00

317547.00

(b) Political Party Committees.....

0.00

200.00

(c) Other Political Committees (such as PACs).....

24573.92

741735.25

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

32093.92

1059482.25

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

364076.23

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

32093.92

1423558.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6026.69	428165.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1750.00
21. OTHER DISBURSEMENTS	36.00	40605.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6062.69	470520.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1697167.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32093.92
25. SUBTOTAL (add Line 23 and Line 24).....	1729261.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6062.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1723198.36

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BRAND, RICHARD, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 01 2022	
Mailing Address 101C E 97 STREET			Transaction ID : AEEDDFD737AF24CAFBE9	
City NEW YORK	State NY	Zip Code 10029	Amount of Each Receipt this Period 2900.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CADWALADER		Occupation ATTORNEY		
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 2900.00		
B. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 06 2022	
Mailing Address PO BOX 9891			Transaction ID : A39087D6F2EF049E2A36	
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 2900.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 125001.00		
C. Full Name (Last, First, Middle Initial) BROWN, RONALD, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 02 2022	
Mailing Address 467 PLEASANTON DR			Transaction ID : A6A6A5C520CF2479AA42	
City GETTYSBURG	State PA	Zip Code 17325	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 225.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			2925.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 06 2022		
Mailing Address PO BOX 9891			Transaction ID : A7F16E62E522A46CBB23		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 125001.00			
B. Full Name (Last, First, Middle Initial) BURKE, MEGAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 03 2022		
Mailing Address 3924 NORTH UPLAND STREET			Transaction ID : A65F3808914D447EF89B		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation THE PETRIZZO GROUP CONSULTANT			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 10 2022		
Mailing Address PO BOX 9891			Transaction ID : AA99CE3A001644DF1AEC		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 125001.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			500.00		
TOTAL This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) LAJAM, CLAUDETTE, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2022		
Mailing Address 30 KNOLLWOOD DRIVE			Transaction ID : AF526B014E642433C86A		
City LARCHMONT	State NY	Zip Code 10538	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Name of Employer NYU			
Occupation ORTHOPEDIC SURGEON		Election Cycle-to-Date 1000.00			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED			
B. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2022		
Mailing Address PO BOX 9891			Transaction ID : AB08AEC27ED67452381A		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Election Cycle-to-Date 125001.00		☒ Memo Item INTERMEDIARY			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.			
C. Full Name (Last, First, Middle Initial) SALAME, RYAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2022		
Mailing Address 201 W BROADWAY 222			Transaction ID : A44313EEC221C45BD889		
City PORT JEFFERSON	State NY	Zip Code 11777	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C		Name of Employer FTX			
Occupation CEO		Election Cycle-to-Date 2900.00			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED			
SUBTOTAL of Receipts This Page (optional).....			3900.00		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 10 2022		
Mailing Address PO BOX 9891			Transaction ID : A4295E17F59BF4B5DB96		
City ARLINGTON	State VA	Zip Code 22219-1891	Amount of Each Receipt this Period 2900.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 125001.00			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Memo Item		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)..... ▶			0.00		
TOTAL This Period (last page this line number only)..... ▶			7325.00		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE
Mailing Address 2400 N ST NW

City State Zip Code
WASHINGTON DC 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2022

Transaction ID : A9E6452DB249A4C628A4

Amount of Each Receipt this Period

3000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN PSYCHIATRIC ASSOCIATION PAC
Mailing Address 800 MAINE AVE SW
STE 900

City State Zip Code
WASHINGTON DC 20024-2812

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2022

Transaction ID : A50C92AE067FA4D13A8F

Amount of Each Receipt this Period

2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICA'S HEALTH INSURANCE PLANS, INC. PAC (AHIP PAC)
Mailing Address 601 PENNSYLVANIA AVE NW
SOUTH BUILDING, SUITE 500

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 17 2022

Transaction ID : ACEB4DC0AD4994C35815

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK PAC)Mailing Address 410 E 17TH AVE
STE 2200City
DENVERState
COZip Code
80203FEC ID number of contributing
federal political committee.**C** C00390583

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2022

Transaction ID : A262585A2EE36466FA70

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G ST NW

City
WASHINGTONState
DCZip Code
20005-3000FEC ID number of contributing
federal political committee.**C** C00194746

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2022

Transaction ID : A51EFEF9D7B604BC0A6F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CENTENE CORPORATION PAC (CENTENE PAC)

Mailing Address CENTENE PLAZA 7700 FORSYTH BLVD

City
SAINT LOUISState
MOZip Code
63105FEC ID number of contributing
federal political committee.**C** C00397851

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2022

Transaction ID : A4B5F0F7DBFC448E5B93

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COTERRA ENERGY INC. PACMailing Address 840 GESSNER RD
STE 1400City
HOUSTONState
TXZip Code
77024-4152FEC ID number of contributing
federal political committee.**C** C00486050

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2022

Transaction ID : AE1B41BBB878F448F9D0

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEHIGH HANSON, INC. PAC

Mailing Address 300 E JOHN CARPENTER FWY

City
IRVINGState
TXZip Code
75062-2727FEC ID number of contributing
federal political committee.**C** C00493270

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2022

Transaction ID : A4BC5EFA8301D432DACE

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City
CHICAGOState
ILZip Code
60611-4011FEC ID number of contributing
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2022

Transaction ID : AA4A33BC067A64263A8F

Amount of Each Receipt this Period

3000.00

☐ Memo Item

6500.00

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL FUEL GAS COMPANY FEDERAL PAC**A.**

Mailing Address 6363 MAIN ST

City

WILLIAMSVILLE

State

NY

Zip Code

14221-5855

FEC ID number of contributing
federal political committee.**C** C00083758

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : A9363C80F030E43BFA02

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)**B.**Mailing Address 400 N CAPITOL ST NW
STE 475

City

WASHINGTON

State

DC

Zip Code

20001-1593

FEC ID number of contributing
federal political committee.**C** C00480863

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

3573.92

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : AC8A551D398A249409CE

Amount of Each Receipt this Period

2573.92

☐ Memo Item

IN-KIND:EVENT RENTAL/EVENT SHIRTS

Full Name (Last, First, Middle Initial)

PARAMOUNT GLOBAL PAC**C.**Mailing Address 1275 PENNSYLVANIA AVE NW
STE 710

City

WASHINGTON

State

DC

Zip Code

20004-2448

FEC ID number of contributing
federal political committee.**C** C00167759

Name of Employer

Occupation

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		07		2022

Transaction ID : A22B7522798774566994

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

5073.92

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SIEMENS CORPORATION PAC

Mailing Address 300 NEW JERSEY AVE NW
STE 1000

City WASHINGTON State DC Zip Code 20001-2268

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2022

Transaction ID : A76613B8D37D2459D83E

Amount of Each Receipt this Period

1500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
THE KROGER CO. PAC

Mailing Address 1014 VINE ST

City CINCINNATI State OH Zip Code 45202-1141

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2022

Transaction ID : AC70D297156544AC3885

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
VARIAN MEDICAL SYSTEMS, INC. PAC ('VARIAN PAC')

Mailing Address 801 PENNSYLVANIA AVE NW
STE 520

City WASHINGTON State DC Zip Code 20004-2615

FEC ID number of contributing federal political committee. **C** C00450965

Name of Employer Occupation

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2022

Transaction ID : A0A75D7ED83574278B4D

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00
24573.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 814 CONSULTING, LLC

Mailing Address 5827 COLFAX AVE

City
ALEXANDRIAState
VAZip Code
22311-1013Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BFB0E7BBEBFF3413B9C2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. M&T BANK

Mailing Address PO BOX 62014

City
BALTIMOREState
MDZip Code
21264-2014Purpose of Disbursement
SEE MEMO ENTRIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

611.40

Transaction ID : B4BCCFDEAC08D4F7F879

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City
MOUNTAIN VIEWState
CAZip Code
94043-1351Purpose of Disbursement
SOFTWARE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

95.39

Transaction ID : B6A76E3A5FAD14B8BAEE

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3111.40

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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PAGE 15 OF 26

☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7226 CORPORATE CT

City
FREDERICKState
MDZip Code
21703-8386Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	03	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

261.96

Transaction ID : B8F9847A147F241D5A06

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SHEETZ CORPORATION

Mailing Address 5700 6TH AVE

City
ALTOONAState
PAZip Code
16602-1111Purpose of Disbursement
TRAVEL EXPENSE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	03	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : B4DB5FD45A5624E40936

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 900 BRENTWOOD RD NE

City
WASHINGTONState
DCZip Code
20018-1004Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	03	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

62.85

Transaction ID : B3606E659CCF84E25AEB

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 3675 PRECISION DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2022

City
LOVELANDState
COZip Code
80538-6310

FEC Identification Number

C

Purpose of Disbursement
EMAIL MARKETING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.70

Transaction ID : B6AA5459FEA9D4F2484F

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. AGE GRAPHICS, LLC

Mailing Address 678 COLLINS RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2022

City
LITTLE HOCKINGState
OHZip Code
45742-5397

FEC Identification Number

C

Purpose of Disbursement
ADVERTISING EXPENSE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

97.50

Transaction ID : BBD53640D379B4910A35

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)Mailing Address 400 N CAPITOL ST NW
STE 475

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2022

City
WASHINGTONState
DCZip Code
20001-1593

FEC Identification Number

C

Purpose of Disbursement
IN-KIND:EVENT RENTAL/EVENT SHIRTS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2573.92

Transaction ID : BC8A551D398A249409CE

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

2573.92

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 26

☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2022

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

174.35

Transaction ID : B9CA8E28FC0654963963

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2022

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.78

Transaction ID : BDDA7097AF22B4671A4E

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

175.13

TOTAL This Period (last page this line number only).....▶

5860.45

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

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NAME OF COMMITTEE (In Full)

DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULTON COUNTY REPUBLICAN COMMITTEE

Mailing Address PO BOX 55

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2022

City
MC CONNELLSBURGState
PAZip Code
17233-0055

FEC Identification Number

C

Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL COMMITTEE)

011

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.00

Transaction ID : BA4574B317157498CAF4

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

36.00

TOTAL This Period (last page this line number only).....▶

36.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 26

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C0A2CA34B5D214FB996A

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 23 D /

Y 2018 Y

M M /

D D /

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C3FC5B8F4B75A4459A84

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

90000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

90000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 31 D

Y 2018 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

90000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 26

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CECE78C9882C54D24ABF

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 23 D

Y 2018 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CF25BCFA75CBD4231ADE

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

110000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 04 D

Y 2018 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

110000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CDEA144DE9AEB44BCB98

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

98123.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

98123.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 08 D

Y 2018 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

98123.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 26

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10AE9F912FAF48D392D

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

96000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

96000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 16 D

Y 2018 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

96000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 26

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA314153084D74E5BA3A

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

191300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

191300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

/ D 02 D

/ Y 2018 Y

M M

/ D D

/ Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

191300.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 26

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C655657ED075D4C45BF2

DR JOHN JOYCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

JOYCE, JOHN, , ,

Election: 2018

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

198 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

ZIP Code

16648-9764

☒ Personal Funds of the Candidate

Original Amount of Loan

46000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

46000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M/ D 05^D

/ Y 2018 Y

M M

/ D D

/ Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

46000.00

TOTALS This Period (last page in this line only).....▶

906423.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.