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 8000	650			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:			_		LEM CON	<u>ا</u>								
Street Address:	PO BOX 315																
City:	INDIANA							State:	PA			Zip Co	de: 15	701			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.		D DA RIMA		POST-	3.		AMENDMENT REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRI	E- 5.) da Lect		POST- 6. X			TERMIN/ REPORT		Yes	Ν	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2001 FILING METHO () CHECK ON								PAPER		\checkmark	DISK	ETTE		
Name of Office	L Sought by Candida	te:						DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Cod	Cour	
								мо	DAY	YI	AR		10000			1002	-
							İ	11		6	2001		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY	,	
Expenditures	s from:		1 1	L	1	то		11	Ž	26	2001						
A. Amount Bro	ought Forward From	n Last R	leport				\$			4,6	564.45						
B. Total Monetary Contributions And Receipts (From Schedule I))	\$			8	335.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			5,4	499.45						
D. Total Expen	ditures (From Sch	edule II	I)				\$			ç	931.43						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			4,5	68.02						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	Schedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$				0.00						
				AFF	IDAV	IT :	SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	asurer sign	here.	If this	is a	Can	didate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	chedule	s filed o	n pap	per o	or by elect	ronic me	edium	, are to f	the best o	f my knov	ledge	and be	lief , tr	ue
Sworn to and sub	scribed before me this day of	5	20							5	Signature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_						Prin	ted Name				-
My Commission E	-											Ema	il				_
	мо	D	AY	YR					Are	ea Coo	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comr	nittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowl	edge and bel	lief this	s politica	al co	mmi	ttee has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20								s	ignature o	of Candida	te			
												Printe	ed Name				-
My Commission Ex	Signature											Ema	il				_
																	_
	мо	D	AY	YF	Ł				Area	Code		D	aytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
INDIANA CO DEM COM	From:	То:	<u>11/26/2001</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	835.00
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)		\$	0.00
TOTAL for the Reporting	g 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
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	g Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	835.00

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				porting	Period			
	Fro	om:		То	:			
					DATE			AMOUNT
Full Name of Contributing Committee					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Cand	lidate		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 Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section			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 C	andidate		Report	ting Perio	bd			
			From:			То:		
	I	D	ATE		AMOUNT			
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	I				1			
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4			PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$	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		
INDIANA CO DEM COM	From:	То:	<u>11/26/2001</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 PAR	T 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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g 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 Cand	Name of Filing Committee or Candidate					porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	State Zip Code(Plus 4)								
Employer of Contributor	I					Occupat	tion	-		
Employer Mailing Address/Principal Place of Business City State				Zip 4)	Code(Plus	Descri	ption o	f Contribution		
				_		_				PAGE TOTAL

		1		
Enter Grand Total of Part G on Schedule II Summary Page, Section 3.	, In-Kind Contribu	itions Detailed	P	AGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
INDIANA CO DEM COM			From			То:	<u>11/26/2001</u>	
					DATE			AMOUNT
To Whom Paid HELEN A. HUFF			мо	DAY	YEAR			
Mailing Address 398 S. 3RD ST			10	26	2001	\$	13.29	
City INDIANA		State PA	Zip Code (Plus 4) 15701		Description of Expenditure POSTAGE/PRINTING			
To Whom Paid 1160 WCCS RADIO				мо	DAY	YEAR		
Mailing Address R.D 2			10	29	2001	\$	301.60	
City HOMER CI	ΤΥ	State PA	Zip Code (Plus 4) 15748	Description of Expenditure RADIO ADS				
To Whom Paid STAPLES			мо	DAY	YEAR			
Mailing Address 2550 RT 286 SOUTH			10	30	2001	\$	14.71	
City INDIANA		State PA	Zip Code (Plus 4) 15701	Description of Expenditure LARGE ENVELOPES				
To Whom Paid INDIANA POST OFFICE				мо	DAY	YEAR		
Mailing Address	Address 7TH STREET			11	2	2001	\$	52.11
City INDIANA		State PA	Zip Code (Plus 4) 15701	Description of Expenditure POSTAGE				
To Whom Paid AL FISTER			мо	DAY	YEAR			
Mailing Address 49 EAST AVE			11	1	2001	\$	15.00	
City INDIANA		State PA	Zip Code (Plus 4) 15701	Description of Expenditure GAS-SIGNS				

To Whom Paid RON FAIRMAN				мо	DAY	YEAR				
Mailing Address 2825 WARREN ROAD				11	1	2001	\$	80.00		
City INDIANA		State	Zip Code (Plus 4)	Descrin	tion of Evr	onditura				
		РА	15701	Description of Expenditure GAS-SIGN COMM.						
To Whom Paid WDAD RADIO				мо	DAY	YEAR				
Mailing Address	21 N. FIFTH STREET	-		11	2	2001	\$	237.50		
City INDIANA		State	Zip Code (Plus 4)	Descrip	tion of Exi	, Denditure				
		РА	15701	Description of Expenditure RADIO ADS						
To Whom Paid FLO'S FLORAL				мо	DAY	YEAR				
Mailing Address	Mailing Address INDIANA-HOMER CITY RD.			11	3	2001	\$	82.00		
City HOMER CI	ТҮ	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure				
	PA 15748				FLOWERS-R. MANNING					
To Whom Paid NBOC BANK				мо	DAY	YEAR				
Mailing Address	601 PHILADELPHIA	ST.		10	22	2001	\$	67.12		
City INDIANA					1					
		State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure				
		State PA	Zip Code (Plus 4) 15701	-	L Dition of Exp DISTIC/PR					
To Whom Paid MARTIN'S GROCE	RY STORE			-	-					
	RY STORE OAKLAND AVE-REGI	РА		ANALYS	SISTIC/PRI			39.74		
MARTIN'S GROCE		РА		MO	DAY 6	YEAR	KS \$	39.74		
MARTIN'S GROCE		PA ENCY MALL	15701	MO 11 Descrip	DAY	YEAR 2001	KS \$	39.74		
MARTIN'S GROCE		PA ENCY MALL State	15701 Zip Code (Plus 4)	MO 11 Descrip	DAY 6	YEAR 2001	KS \$	39.74		
MARTIN'S GROCE Mailing Address City INDIANA To Whom Paid		PA ENCY MALL State	15701 Zip Code (Plus 4)	MO 11 Descrip FOOD E	DAY 6 btion of Exp election	YEAR 2001 Denditure NIGHT	KS \$	39.74		
MARTIN'S GROCE Mailing Address City INDIANA To Whom Paid VERIZON Mailing Address	OAKLAND AVE-REGI	PA ENCY MALL State	15701 Zip Code (Plus 4)	ANALYS MO 11 Descrip FOOD E MO	DAY 6 btion of Exp ELECTION DAY	YEAR 2001 Denditure NIGHT YEAR 2001	KS \$			
MARTIN'S GROCE Mailing Address City INDIANA To Whom Paid VERIZON Mailing Address	OAKLAND AVE-REGI	PA ENCY MALL State PA	15701 Zip Code (Plus 4) 15701	ANALYS MO 11 Descrip FOOD E MO	DAY 6 btion of Exp ELECTION DAY 13 btion of Exp	YEAR 2001 Denditure NIGHT YEAR 2001	KS \$			

To Whom Paid ADJUSTMENT CHECK 2031 9/28/2001			мо	DAY	YEAR		
Mailing Address						\$	(0.48)
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
					\$	931.43	