### **Campaign Finance Report**

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

Filer Identificati Number :			Rep File			CANI	DID	DATE		СОММ	IITTEE	<b>✓</b>	LOBE	BYIST				
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		IND	IAN	A CO	DEM C	ОМ									
Street Address:	PO BOX 315																	
City:	INDIANA							State:		PA			Zip Cod	le: 15	5701-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		PC	OST-	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5.	30 DA		PC	OST-	6. <b>X</b>		TERMINA REPORT?		Yes	No	•	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2013					NG MET CHECK					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR		1				
								1	.1		5	2013		(SEE IN	STRUCTIO	ONS FOR (	CODES)	)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FO	R OFFI	FFICE USE ONLY			
Expenditures	irom:	1	10 22	2	013	Т	0	1	1	2	25	2013						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				12,5	47.48						
B. Total Monetary Contributions And Receipts (From Schedu							\$				1,4	174.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				14,0	21.48						
D. Total Expenditures (From Schedule III)							\$				3,2	10.83						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				10,8	10.65						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	chedule IV	)			\$					0.00			1			
				AFF	IDA	VI	T SE	CTIO	١									
	s a Committee rep		_						-	-		_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s filed	l on	paper	or by ele	ctro	onic me	dium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	i	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu						- -		-				Prin	ted Name	e			-
My Commission Ex	_								-				Ema	il				-
	мо	D/	ΛΥ	YR					_	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	s no	t violat	ed an	y provisi	ons of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											Si	gnature o	of Candid	ate			-
	day of						-						Printe	d Name				-
	Signature						-		_									_
My Commission Exp	ires												Ema	il				
	МО	D/	ΔY	YR	1		•		•	Area (	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
INDIANA CO DEM COM	From:	10/22/20	<u>13</u> To:	11/25/2013
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	848.00
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)	\$	626.00		
TOTAL for the Reporting	) Period	(2)	\$	626.00
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	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,474.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Commi	ttee or Candidate		Reporting Period					
			From:		То	:		
		I		DATE			AMOUNT	
Full Name of Contributin	g Committee		МО	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

### 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 Can	didate		Reporting P	eriod		
INDIANA CO DEM COM			From:	10/22/	2013 <b>T</b> o	<u>11/25/2013</u>
				DATE		AMOUNT
<b>Full Name of Contributor</b> Susan E. Wheatley			мо	DAY	YEAR	
Mailing Address 1107 Ray Rd.						<b>\$</b> 60.00
City Penn Run	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15765	10	24	2013	
Full Name of Contributor Celinda C. Scott	МО	DAY	YEAR			
Mailing Address 1106 Mansfield  City Indiana	State PA	<b>Zip Code (Plus 4)</b> 15701	10	24	2013	\$ 60.00
Full Name of Contributor Pepita Jimenez-Jacobs				DAY	YEAR	
Mailing Address 221 Wida Rd.						<b>\$</b> 60.00
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	10	24	2013	
Full Name of Contributor Colleen Gerrity	·	<u> </u>	МО	DAY	YEAR	
Mailing Address 1226 Bryn Max  City Scranton	State	<b>Zip Code (Plus 4)</b> 18504	10	28	2013	<b>\$</b> 106.00
<b>Full Name of Contributor</b> Jaunita B. Burdette			МО	DAY	YEAR	
Mailing Address P.O. Box 466  City Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	10	24	2013	\$ 60.00

Full Name of Contributor Yolanda S. Broad	olanda S. Broad				YEAR	
Mailing Address 215 N. 4th S	it.					\$ 90.00
City Indiana	State	Zip Code (Plus 4)	10	24	2013	
	PA	15701				
Full Name of Contributor Vera Bonnet			МО	DAY	YEAR	
Mailing Address 2056 Ambrose Rd.  City Marion Center State Zip Code (Plus 4)						\$ 90.00
City Marion Center	State	Zip Code (Plus 4)	10	28	2013	
	PA	15759				
Full Name of Contributor Vera Bonnet			МО	DAY	YEAR	
Mailing Address 2056 Ambro	se Rd.					\$ 30.00
City Marion Center	State	Zip Code (Plus 4)	10	28	2013	
	PA	15759				
Full Name of Contributor Eric Barker			МО	DAY	YEAR	
Mailing Address 662 Chestnut St.			_		<b>\$</b> 70.00	
City Indiana	State	Zip Code (Plus 4)	10	28	2013	
	PA	15701				
	•	•	•	•		DACE TOTAL

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

**PAGE TOTAL \$** 626.00

#### **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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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			Rep	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE		,	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
ailing ddress ty State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.				PAGE TOTAL
							<b>\$</b>	0.00

## 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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Peri	od	
INDIANA CO DEM COM	From:	<u>10/22/2013</u> <b>To:</b>	11/25/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

## STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period				
INDIANA CO DEN	м сом			From	10/2	2/2013	То:	11/25/2013	
					DATE			AMOUNT	
<b>To Whom Paid</b> Holiday Inn				мо	DAY	YEAR			
Mailing Address	1395 Wayne Ave.			10	22	2013	\$	2,238.92	
<b>City</b> Indiana	PA Zip Code (Plus 4) 15701			1 -	Description of Expenditure banquet				
<b>To Whom Paid</b> Gazette Printers				МО	DAY	YEAR			
Mailing Address	Address 775 Indian Springs Rd.			10	22	2013	\$	443.00	
<b>City</b> Indiana		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> program booklets					
<b>To Whom Paid</b> Verizon				мо	DAY	YEAR			
Mailing Address	P.O. Box 15124			10	22	2013	\$	34.91	
<b>City</b> Albany		State NY	<b>Zip Code (Plus 4)</b> 12212	<b>Descrip</b> telepho	otion of Exp	penditure			
<b>To Whom Paid</b> Renda Broadcasti	ing			МО	DAY	YEAR			
Mailing Address	g Address 840 Philadelphia St.			10	23	2013	\$	494.00	
<b>City</b> Indiana	State Zin Code (Blue 4)			<b>Descrip</b> adverti	otion of Exp sing	enditure			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

3,210.83