### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 8000                         | )650       |                        |        |        | port<br>ed B |                             | CANDI       | COMMITTEE |             |            |                    | ITTEE / LOBBYIST |          |           |          |
|--|---------------------------------|------------|------------------------|--------|--------|--------------|-----------------------------|-------------|-----------|-------------|------------|--------------------|------------------|----------|-----------|----------|
| Name of Filing C                         | ommittee, Candid                | ate or L   | obbyist:               | -      | IND    | IAN          | A CO                        | DEM COI     | М         |             |            |                    | _                |          |           |          |
| Street Address:                          | PO BOX 315                      |            |                        |        |        |              |                             |             |           |             |            |                    |                  |          |           |          |
| City:                                    | INDIANA                         |            |                        |        |        |              |                             | State:      | PA        |             |            | Zip Cod            | le: 15           | 5701-0   | 000       |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE-   | - [    | 2.           | 30 DA<br>PRIMA              |             | POST- 3.  |             |            | AMENDM<br>REPORT?  |                  | Yes      | No        | <b>~</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDAY<br>ELECTION | PRE    | - !    | 5.           | 30 DA<br>ELECT              |             | POST-     | 6. <b>X</b> |            | TERMINA<br>REPORT? |                  | Yes      | No        | <b>~</b> |
| report type)                             | ANNUAL REPORT                   | 7.         | <b>Year</b> 2018       |        |        |              | FILING METHOD ( ) CHECK ONE |             |           |             | PAPER      |                    |                  | DISKE    | ГТЕ       |          |
| Name of Office S                         | -<br>Sought by Candida          | te:        |                        |        |        |              |                             | DATE 0      | F ELE     | CTIO        | N          | District<br>Number | Office<br>Code   | Par      | ty Code   | County   |
|  |                                 |            |                        |        |        |              |                             | МО          | DAY       | YE          | AR         |                    |                  | •        |           |          |
|  |                                 |            |                        |        |        |              |                             | 11          |           | 6           | 2018       |                    | (SEE IN          | STRUCTIO | ONS FOR C | ODES)    |
| •  | Receipts and                    | МО         | DAY Y                  | /EAR   | l      |              |                             | МО          | DAY       | YI          | EAR        | FO                 | R OFFI           | CE USE   | ONLY      |          |
| Expenditures                             | from:                           | -          | 10 23                  | 20     | 018    | Т            | 0                           | 11          |           | 26          | 2018       |                    |                  |          |           |          |
| A. Amount Bro                            | ught Forward Froi               | n Last R   | eport                  |        |        |              | \$                          |             |           | 6,5         | 538.21     |                    |                  |          |           |          |
| B. Total Monet                           | ary Contributions               | And Rec    | eipts (From S          | Sche   | dule   | eI)          | \$                          |             |           | 1,4         | 195.00     |                    |                  |          |           |          |
| C. Total Funds                           | Available (Sum O                | l Lines A  | and B)                 |        |        |              | \$                          |             |           | 8,0         | 33.21      |                    |                  |          |           |          |
| D. Total Expend                          | ditures (From Sch               | edule II   | I)                     |        |        |              | \$                          |             |           | 1,9         | 29.21      |                    |                  |          |           |          |
| E. Ending Cash                           | Balance (Subtrac                | t Line D   | From Line C)           | )      |        |              | \$                          |             |           | 6,1         | 04.00      |                    |                  |          |           |          |
| F. Value Of In-                          | Kind Contribution               | s Receiv   | ed (From Sch           | edu    | le II  | [)           | \$                          |             |           |             | 0.00       |                    |                  |          |           |          |
| G. Unpaid Debt                           | s And Obligations               | (From S    | Schedule IV)           |        |        |              | \$                          |             |           |             | 0.00       |                    |                  | •        |           |          |
|  |                                 |            | ,                      | AFF    | IDA    | ٩VI          | T SE                        | CTION       |           |             |            |                    |                  |          |           |          |
| PART I - If this is                      | a Committee rep                 | ort, trea  | surer sign he          | ere. 1 | [f thi | is is        | a Can                       | didate r    | eport, d  | candi       | date sig   | ın here.           |                  |          |           |          |
| I swear (or affirm) correct and comple   | that this report, incete.       | luding the | attached sche          | dules  | filed  | d on         | paper o                     | or by elect | ronic m   | edium       | , are to t | he best o          | f my kno         | wledge   | and belie | f , true |
| Sworn to and subs                        | cribed before me this<br>day of | 5          | 20                     |        |        |              |                             |             |           | S           | ignature   | of Perso           | n Submit         | ting Rep | ort       |          |
|  | Signatu                         | ıre        |                        |        |        |              | -                           |             |           |             |            | Prin               | ted Name         | е        |           |          |
| My Commission Ex                         | cpires                          |            |                        |        |        |              | _                           |             |           |             |            | Ema                | il               |          |           |          |
|  | МО                              | D          | AY                     | YR     |        |              |                             |             | Are       | ea Cod      | le         | Daytim             | e Telepl         | none Nu  | mber      |          |
| Part II- If this is                      | a report of a can               | didate's   | authorized C           | omn    | nitte  | e, C         | andida                      | ate shall   | sign he   | ere.        |            |                    |                  |          |           |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of red.        | ny knowle  | edge and belief        | this   | polit  | tical        | commi                       | ittee has n | ot viola  | ted an      | y provis   | ions of the        | e act of J       | une 3,19 | 937 (P.L. | 1333,    |
| Sworn to and subsc                       | ribed before me this<br>day of  |            | 20                     |        |        |              |                             |             |           |             | s          | ignature o         | of Candid        | ate      |           |          |
|  |                                 |            |                        |        |        |              | -                           |             |           |             |            | Printe             | d Name           |          |           |          |
| My Commission Exp                        | Signature                       |            |                        |        |        |              | -                           |             |           |             |            | Ema                | il               |          |           |          |
| , сопппавіон Ехр                         |                                 |            |                        |        |        |              | -                           |             |           |             |            |                    |                  |          |           |          |
|  | МО                              | D          | AY                     | YR     |        |              |                             |             | Area      | Code        |            | Da                 | aytime T         | elephon  | e Numbe   | er       |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
|--|-----------|-----------|--------------|------------|
| INDIANA CO DEM COM   | From:     | 10/23/201 | <u>8</u> To: | 11/26/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$           | 0.00       |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |              |            |
| Contributions Received From Political Committees (Part A)  |           |           | \$           | 50.00      |
| All Other Contributions (Part B)   |           |           | \$           | 1,445.00   |
| TOTAL for the Reporting  | Period    | (2)       | \$           | 1,495.00   |
| 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 |           |           | \$           | 1,495.00   |

#### **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 | Reporting | Reporting Period |     |            |  |  |
|---------------------------------------|-----------|------------------|-----|------------|--|--|
| INDIANA CO DEM COM                    | From:     | 10/23/2018       | То: | 11/26/2018 |  |  |
|                                       |           | DATE             |     | AMOUNT     |  |  |

| Full Name of Contributing Committee  AFSCME Retiree Sub Chapter 8301 |            |  | МО                 | DAY | YEAR                           |          |    |      |  |
|--|------------|--|--------------------|-----|--------------------------------|----------|----|------|--|
| Mailing Address 255 Ellsworth Avenue                                 |            |  |                    |     |                                | \$ 50.00 |    |      |  |
| City   | Homer City |  | <b>State</b><br>PA |     | <b>Zip Code (Plus 4)</b> 15748 | 11       | 14 | 2018 |  |

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

**PAGE TOTAL \$** 50.00

## 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 Candidat              | Name of Filing Committee or Candidate |                                   | Rep | orting Po | eriod   |                 |           |            |
|---|---------------------------------------|-----------------------------------|-----|-----------|---------|-----------------|-----------|------------|
| INDIANA CO DEM COM                                |                                       |                                   | Fro | m:        | 10/23/2 | 2018 <b>T</b> o | ):        | 11/26/2018 |
|   |                                       |                                   |     |           | DATE    |                 |           | AMOUNT     |
| Full Name of Contributor Ann Rea                  |                                       |                                   |     | МО        | DAY     | YEAR            |           |            |
| Mailing Address 528 Chestnut Stree                | t                                     |                                   |     |           |         |                 | \$        | 50.00      |
| <b>City</b> Indiana                               | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15701 |     | 10        | 24      | 2018            |           |            |
| Full Name of Contributor Eric Barker              |                                       |                                   | МО  | DAY       | YEAR    |                 |           |            |
| Mailing Address 662 Chestnut Stree  City Indiana  | State PA                              | <b>Zip Code (Plus 4)</b><br>15701 |     | 10        | 24      | 2018            | \$        | 35.00      |
| Full Name of Contributor George E. Hood           |                                       |                                   |     | МО        | DAY     | YEAR            |           |            |
| Mailing Address 43 South 9th Stree                | t                                     |                                   |     |           |         |                 | \$        | 35.00      |
| <b>City</b> Indiana                               | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15701 |     | 10        | 24      | 2018            |           |            |
| Full Name of Contributor Patricia Anne Holmes     |                                       |                                   |     | МО        | DAY     | YEAR            |           |            |
| Mailing Address 444 North 9th Stree  City Indiana | State PA                              | <b>Zip Code (Plus 4)</b><br>15701 |     | 10        | 25      | 2018            | <b>\$</b> | 35.00      |
| Full Name of Contributor Vera Bonnet              |                                       |                                   |     | МО        | DAY     | YEAR            |           |            |
| Mailing Address 2056 Ambrose Road                 | Mailing Address 2056 Ambrose Road     |                                   |     |           |         |                 | \$        | 35.00      |
| City Marion Center                                | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15759 |     | 10        | 25      | 2018            |           |            |

|  |                                   |                    |                                 |          |               |                  | PAGE      |        |
|--|-----------------------------------|--------------------|---------------------------------|----------|---------------|------------------|-----------|--------|
| Full Name of Contribu<br>Christine Baker   | itor                              |                    |                                 | мо       | DAY           | YEAR             |           |        |
| Mailing Address 3  | 351 South 13th Str                | eet                |                                 |          |               |                  | \$        | 30.00  |
| <b>City</b> Indiana  |                                   | State              | Zip Code (Plus 4)               | 10       | 25            | 2018             |           |        |
| - Indiana  |                                   | PA                 | 15701                           |          |               |                  |           |        |
| Full Name of Contribu  | itor                              |                    |                                 | мо       | DAY           | YEAR             |           |        |
| Mailing Address 6  | 556 Cheese Run Ro                 | ad                 |                                 |          |               |                  | <b>\$</b> | 35.00  |
| <b>City</b> Indiana  |                                   | State              | Zip Code (Plus 4)               | 10       | 25            | 2018             |           |        |
|  |                                   | PA                 | 15701                           |          |               |                  |           |        |
| Full Name of Contribu<br>Susan Boser   | itor                              |                    |                                 | МО       | DAY           | YEAR             |           |        |
| Mailing Address 8  | 330 White Farm Ro                 | ad                 |                                 |          |               |                  | \$        | 70.00  |
| <b>City</b> Indiana  |                                   | State              | Zip Code (Plus 4)               | 10       | 25            | 2018             |           |        |
|  |                                   | PA                 | 15701                           |          |               |                  |           |        |
| Full Name of Contribution Friends of Logan Della   |                                   |                    |                                 | мо       | DAY           | YEAR             |           |        |
| Madding Adding   |                                   |                    |                                 |          |               |                  | 1         |        |
| Mailing Address 2  | 8 1st Street                      |                    |                                 |          |               |                  | \$        | 175.00 |
| City Graceton  | 28 1st Street                     | State              | Zip Code (Plus 4)               | 10       | 25            | 2018             | \$        | 175.00 |
| 2  | 28 1st Street                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15748  | 10       | 25            | 2018             | \$        | 175.00 |
| 2  |                                   |                    |                                 | 10       |               | 2018<br>YEAR     | \$        | 175.00 |
| City Graceton  Full Name of Contribut Barbara Peace  |                                   |                    |                                 |          |               |                  | \$        | 40.00  |
| City Graceton  Full Name of Contribut Barbara Peace  | rtor                              |                    |                                 |          |               |                  |           |        |
| City Graceton  Full Name of Contribu Barbara Peace  Mailing Address  | rtor                              | PA                 | 15748                           | мо       | DAY           | YEAR             |           |        |
| City Graceton  Full Name of Contribu Barbara Peace  Mailing Address  | 795 Barkley Road                  | PA State           | 15748  Zip Code (Plus 4)        | мо       | DAY           | YEAR             |           |        |
| City Graceton  Full Name of Contribut Barbara Peace  Mailing Address 1  City Clarksburg  Full Name of Contribut STRANO TAYLOR, KE        | 795 Barkley Road                  | PA State           | 15748  Zip Code (Plus 4)        | мо 10    | <b>DAY</b> 25 | <b>YEAR</b> 2018 |           |        |
| City Graceton  Full Name of Contribut Barbara Peace  Mailing Address 1  City Clarksburg  Full Name of Contribut STRANO TAYLOR, KE        | 795 Barkley Road  Stor RITH CARES | PA State           | 15748  Zip Code (Plus 4)        | мо 10    | <b>DAY</b> 25 | <b>YEAR</b> 2018 | <b>\$</b> | 40.00  |
| Full Name of Contribute Barbara Peace  Mailing Address 1  City Clarksburg  Full Name of Contribute STRANO TAYLOR, KEI  Mailing Address 3 | 795 Barkley Road  Stor RITH CARES | State PA           | 15748  Zip Code (Plus 4)  15725 | мо<br>10 | DAY 25        | YEAR 2018        | <b>\$</b> | 40.00  |

| Full Name of Cont  | tributor                                       |                    |                                 |            |               |                  |               |      |
|--|--|--------------------|---------------------------------|------------|---------------|------------------|---------------|------|
| Patrick Dougherty  | У  |                    |                                 | МО         | DAY           | YEAR             |               |      |
| Mailing Address  | 345 Debbie Drive                               |                    |                                 |            |               |                  | <b>\$</b> 110 | 0.00 |
| City Indiana   |  | State              | Zip Code (Plus 4)               | 10         | 25            | 2018             |               |      |
|  |  | PA                 | 15701                           |            |               |                  |               |      |
| Full Name of Cont  |  |                    |                                 | МО         | DAY           | YEAR             |               |      |
| Mailing Address  | 525 Chestnut Stree                             | et                 |                                 |            |               |                  | <b>\$</b> 3!  | 5.00 |
| City Indiana   |  | State              | Zip Code (Plus 4)               | 10         | 25            | 2018             |               |      |
| Indiana  |  | PA                 | 15701                           |            |               |                  |               |      |
| Full Name of Cont  | tributor                                       |                    | <u> </u>                        | МО         | DAY           | YEAR             |               |      |
| Mailing Address  | 346 Ann Circle                                 |                    |                                 |            |               |                  | <b>\$</b> 70  | 0.00 |
| City Indiana   |  | State              | Zip Code (Plus 4)               | 10         | 25            | 2018             |               |      |
|  |  | PA                 | 15701                           |            |               |                  |               |      |
|  |  |                    |                                 |            |               |                  |               |      |
| Full Name of Cont<br>Anne Kondo  | tributor                                       |                    |                                 | мо         | DAY           | YEAR             |               |      |
|  | tributor<br>669 Croyland Aven                  | ue                 |                                 | мо         |               |                  | \$ 3:         | 5.00 |
| Anne Kondo  Mailing Address  |  | ue<br><b>State</b> | Zip Code (Plus 4)               | мо 10      | <b>DAY</b> 25 | <b>YEAR</b> 2018 | \$ 3.         | 5.00 |
| Anne Kondo  Mailing Address  |  |                    | <b>Zip Code (Plus 4)</b> 15701  |            |               |                  | \$ 3:         | 5.00 |
| Anne Kondo  Mailing Address  | 669 Croyland Aven                              | State              |                                 |            |               |                  | \$ 3          | 5.00 |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont   | 669 Croyland Aven                              | State<br>PA        |                                 | - 10<br>MO | DAY           | 2018<br>YEAR     |               | 5.00 |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont Faye Bradwick  Mailing Address  | 669 Croyland Aven                              | State<br>PA        |                                 | 10         | 25            | 2018             |               |      |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont Faye Bradwick  Mailing Address  | 669 Croyland Aven                              | State<br>PA        | 15701                           | - 10<br>MO | DAY           | 2018<br>YEAR     |               |      |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont Faye Bradwick  Mailing Address  | 669 Croyland Aven  tributor  643 Willow Avenue | State PA State     | 15701  Zip Code (Plus 4)        | - 10<br>MO | DAY           | 2018<br>YEAR     |               |      |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Content Faye Bradwick  Mailing Address  City Indiana  Full Name of Content Faye Bradwick             | 669 Croyland Aven  tributor  643 Willow Avenue | State PA State     | 15701  Zip Code (Plus 4)        | 10 MO      | 25 DAY 25     | 2018  YEAR  2018 | \$ 70         |      |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont Faye Bradwick  Mailing Address  City Indiana  Full Name of Cont Martha Weyandt  Mailing Address | tributor 643 Willow Avenue                     | State PA State     | 15701  Zip Code (Plus 4)        | 10 MO      | 25<br>DAY     | 2018 YEAR 2018   | \$ 70         | 0.00 |
| Anne Kondo  Mailing Address  City Indiana  Full Name of Cont Faye Bradwick  Mailing Address  City Indiana  Full Name of Cont Martha Weyandt  Mailing Address | tributor 643 Willow Avenue                     | State PA  State PA | 15701  Zip Code (Plus 4)  15701 | 10 MO      | 25 DAY 25     | 2018  YEAR  2018 | \$ 70         | 0.00 |

| Full Name of Cont  |                                 |                    |                                 |            |              |                  | FAGL /                |
|--|---------------------------------|--------------------|---------------------------------|------------|--------------|------------------|-----------------------|
| i i un manne di Conti  | ibutor                          |                    |                                 |            |              |                  |                       |
| John E. Frank  |                                 |                    |                                 | МО         | DAY          | YEAR             |                       |
| Mailing Address  | 2587 Evergreen Dr               | ive                |                                 |            |              |                  | <b>\$</b> 35.00       |
| City Indiana   |                                 | State              | Zip Code (Plus 4)               | 10         | 25           | 2018             |                       |
|  |                                 | PA                 | 15701                           |            |              |                  |                       |
| Full Name of Control   | ibutor                          |                    |                                 | МО         | DAY          | YEAR             |                       |
| Mailing Address  | 253 Sarah Street                |                    |                                 |            |              |                  | <b>\$</b> 35.00       |
| City Homer Cit   | v                               | State              | Zip Code (Plus 4)               | 10         | 25           | 2018             |                       |
| 1.06.  | ,                               | PA                 | 15748                           |            |              |                  |                       |
| Full Name of Control   | ributor                         |                    |                                 | мо         | DAY          | YEAR             |                       |
| Mailing Address  | 1106 Mansfield Ave              | nue                |                                 |            |              |                  | <b>\$</b> 70.00       |
| City Indiana   |                                 | State              | Zip Code (Plus 4)               | 10         | 25           | 2018             |                       |
|  |                                 | PA                 | 15701                           |            |              |                  |                       |
| Full Name of Control   | ibutor                          |                    |                                 | МО         | DAY          | YEAR             |                       |
| Mailing Address 528 Chestnut Street  |                                 |                    |                                 |            |              |                  |                       |
|  | 528 Chestnut Stree              | t                  |                                 |            |              |                  | \$ 10.00              |
|  | 528 Chestnut Stree              | State              | Zip Code (Plus 4)               | 10         | 28           | 2018             | \$ 10.00              |
|  | 528 Chestnut Stree              |                    | <b>Zip Code (Plus 4)</b> 15701  | 10         | 28           | 2018             | \$ 10.00              |
|  | ributor                         | State              |                                 | - 10<br>MO | 28           | 2018<br>YEAR     | \$ 10.00              |
| City Indiana  Full Name of Control   | ributor                         | State              |                                 | мо         | DAY          | YEAR             | \$ 10.00<br>\$ 100.00 |
| City Indiana  Full Name of Conti   | ibutor                          | State              |                                 |            |              |                  |                       |
| Full Name of Contraction Robert Dougherty Mailing Address  | ibutor                          | State<br>PA        | 15701                           | мо         | DAY          | YEAR             |                       |
| Full Name of Contraction Robert Dougherty Mailing Address  | <b>Tibutor</b> 737 Water Street | State PA State     | 15701  Zip Code (Plus 4)        | мо         | DAY          | YEAR             |                       |
| Full Name of Contraction Robert Dougherty Mailing Address City Indiana Full Name of Contraction                            | <b>Tibutor</b> 737 Water Street | State PA State     | 15701  Zip Code (Plus 4)        | мо<br>11   | DAY 1        | YEAR 2018        |                       |
| Full Name of Contraction Robert Dougherty Mailing Address  City Indiana  Full Name of Contraction Carolyn Princes          | 737 Water Street                | State PA State     | 15701  Zip Code (Plus 4)        | MO 11      | <b>DAY</b> 1 | <b>YEAR</b> 2018 | <b>\$</b> 100.00      |
| Full Name of Contraction Robert Dougherty Mailing Address  City Indiana  Full Name of Contraction Princes  Mailing Address | 737 Water Street                | State PA  State PA | 15701  Zip Code (Plus 4)  15701 | мо<br>11   | DAY 1        | YEAR 2018        | <b>\$</b> 100.00      |

| Moise  |                     |                    |       |                   |      |     |                 | ı               |
|--|---------------------|--------------------|-------|-------------------|------|-----|-----------------|-----------------|
| Mailing   Address   S25 Chestnut Street  |                     |                    |       |                   | мо   | DAY | YEAR            |                 |
| State   Rail Name of Contributor   Railing Address   175 Mill Run Drive   Railing Address   331 North Taylor Avenue   Railing Address   331 North Taylor   | Diana Williamso<br> | on                 |       |                   |      |     |                 |                 |
| Full Name of Contributor   Christine Baker   State   Alpha   | Mailing Address     | 525 Chestnut Stree | et    |                   |      |     |                 | <b>\$</b> 50.00 |
| Full Name of Contributor   Chiral Name of Chiral Name    | City Indiana        |                    | State | Zip Code (Plus 4) | 11   | 5   | 2018            |                 |
| Mailing   Address   351 South 13th   State   PA   15701  |                     |                    | PA    | 15701             |      |     |                 |                 |
| City   Indiana   State   PA   15701   PA   21p Code (Plus 4)   15701   PA   2018   PA   21p Code (Plus 4)   15701   PA   2018   PA   21p Code (Plus 4)   15701   PA   2018   PA   2018   PA   21p Code (Plus 4)   15701   PA   2018   PA   |                     |                    |       |                   | МО   | DAY | YEAR            |                 |
| Full Name of Contributor   Lyrne Alvine   Mo   | Mailing Address     | 351 South 13th St  | reet  |                   |      |     |                 | <b>\$</b> 5.00  |
| PA   | City Indiana        |                    | State | Zip Code (Plus 4) | 11   | 3   | 2018            |                 |
| Lynne Alvine       Mo DAY YEAR         Mailing Address 175 Mill Run Drive       Zip Code (Plus 4) 15701       The part of Contributor Virginia Perdue       Mo DAY YEAR       YEAR       5.00         Full Name of Contributor Virginia Perdue       Mailing Address 331 North Taylor Advenue       Zip Code (Plus 4) 15701       Mo DAY YEAR       YEAR       \$ 5.00         Full Name of Contributor Friends of Susan Boser       Mo DAY YEAR       \$ 2018       \$ 5.00         Full Name of Contributor Friends of Susan Boser       Mo DAY YEAR       \$ 2018       \$ 5.00         Full Name of Contributor Anna Goldman       Mo DAY YEAR       YEAR       \$ 5.00         Full Name of Contributor Anna Goldman       Mo DAY YEAR       YEAR         Mailing Address 2289 North Ridge Road       Zip Code (Plus 4)       Tip Code (Plus 4)       <   | indiana             |                    | PA    | 15701             |      |     |                 |                 |
| Total   Indiana   State   PA   |                     | ntributor          | •     |                   | МО   | DAY | YEAR            |                 |
| Full Name of Contributor Virginia Perdue  Mo DAY YEAR  Mailing Address 331 North Taylor Avenue  City Indiana  Full Name of Contributor Friends of Susan Boser  Mailing Address PO Box 2056  City Indiana  State PA Zip Code (Plus 4) 15701  Mo DAY YEAR  Amailing Address PO Box 2056  Full Name of Contributor Friends of Susan Boser  Mo DAY YEAR  Amailing Address PO Box 2056  City Indiana  State PA Zip Code (Plus 4) 15701  Mo DAY YEAR  Amailing Address PO Box 2056  Full Name of Contributor Anna Goldman  Full Name of Contributor Anna Goldman  State PA Zip Code (Plus 4) 15701  Mo DAY YEAR  Amailing Address 2289 North Ridge Road  State Zip Code (Plus 4) 15701  The code (Plu | Mailing Address     | 175 Mill Run Drive |       |                   |      |     |                 | <b>\$</b> 10.00 |
| Full Name of Contributor   | City Indiana        |                    | State | Zip Code (Plus 4) | 1 11 | 5   | 2018            |                 |
| Virginia Perdue         Mo DAY YEAR           Mailing Address 331 North Taylor Address 331 North Taylor Address PA   |                     |                    | PA    | 15701             |      |     |                 |                 |
| City   Indiana   State   PA   15701  |                     |                    |       |                   | мо   | DAY | YEAR            |                 |
| Full Name of Contributor Friends of Susan Boser  Mo DAY YEAR  Mo DAY YEAR  State PA Sizip Code (Plus 4) 15701  Full Name of Contributor Friends of Susan Boser  Mo DAY YEAR  State PA Sizip Code (Plus 4) 15701  Full Name of Contributor Anna Goldman  Mo DAY YEAR  State PA Sizip Code (Plus 4) 15701  Full Name of Contributor Anna Goldman  Mo DAY YEAR  State PA Sizip Code (Plus 4) 15701  Full Name of Contributor Anna Goldman  Mo DAY YEAR  State Zip Code (Plus 4) 11 16 2018  | Mailing Address     | 331 North Taylor A | venue |                   |      |     |                 | <b>\$</b> 5.00  |
| PA   15701   Mo  | City Indiana        |                    | State | Zip Code (Plus 4) | 11   | 16  | 2018            |                 |
| Friends of Susan Boser  Mo DAY YEAR  Mailing Address PO Box 2056  City Indiana State PA 15701  Full Name of Contributor Anna Goldman  Mo DAY YEAR  \$ 2018  \$ 2018  Full Name of Contributor Anna Goldman  City Shelocta  State PA 25000  Zip Code (Plus 4) 15701  Full Name of Contributor Anna Goldman  To DAY YEAR  \$ 75.00   | indiana             |                    | PA    | 15701             |      |     |                 |                 |
| City Indiana  State PA  PA  Indiana  State PA  Indiana  Indiana  Mo  Day  YEAR  State PA  State PA  Indiana  State PA  Indiana  State PA  Indiana  State PA  Indiana  Indiana  State PA  Indiana  Indiana  State PA  Indiana  Indiana  State PA  Indiana  Indiana  State PA  Indiana  State PA  Indiana  Indi |                     |                    |       |                   | МО   | DAY | YEAR            |                 |
| Full Name of Contributor Anna Goldman  Mailing Address 2289 North Ridge Road  City Shelocta  State PA 15701  MO DAY YEAR  \$ 75.00   | Mailing Address     | PO Box 2056        |       |                   |      |     |                 | \$ 50.00        |
| Full Name of Contributor Anna Goldman  Mailing Address 2289 North Ridge Road  City Shelocta  PA 15701  MO DAY YEAR  \$ 75.00   | City Indiana        |                    | State | Zip Code (Plus 4) | 11   | 8   | 2018            |                 |
| Anna Goldman  Mo DAY YEAR  Mailing Address 2289 North Ridge Road  City Shelocta State Zip Code (Plus 4)  11 16 2018  * 75.00   | 111010110           |                    | PA    | 15701             |      |     |                 |                 |
| City         Shelocta         State         Zip Code (Plus 4)         11         16         2018         \$ 75.00  |                     | ntributor          |       |                   | мо   | DAY | YEAR            |                 |
| City Shelocta State Zip Code (Plus 4) 11 16 2018   |                     |                    |       |                   |      |     | <b>\$</b> 75.00 |                 |
| Shelocta   | City                |                    | State | Zin Code (Plus 4) | 11   | 16  | 2018            |                 |
|  | Sheloct             | 3                  |       |                   |      |     |                 |                 |

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

**PAGE TOTAL \$** 1,445.00

#### **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.

| lame of Filing Committee or Candidate Rep |                  | Reporting     | Reporting Period |      |     |      |           |            |
|---|------------------|---------------|------------------|------|-----|------|-----------|------------|
|   |                  |               | From:            |      |     | То:  |           |            |
|   |                  |               |                  | DA   | TE  |      | Α         | MOUNT      |
| Full Name of Contributing Committee       |                  |               |                  | мо   | DAY | YEAR |           |            |
| Mailing Address                           |                  |               |                  |      |     |      | <b>\$</b> | 0.00       |
| City                                      | State            | Zip Cod       | e (Plus 4)       |      |     |      |           |            |
|   |                  |               |                  |      |     |      |           | PAGE TOTAL |
| Enter Grand Total of Part C on Sci        | nedule I, Detail | ed Summary 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.)

| ame of Filing Committee or Candidate                |                    | Reporting Period |         |        |       |      |            |                    |
|---|--------------------|------------------|---------|--------|-------|------|------------|--------------------|
|   |                    |                  | Fror    | n:     |       | To   | <b>)</b> : |                    |
|   |                    |                  |         | D      | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                    |                  |         | мо     | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  |                    |                  |         |        |       |      | \$         | 0.00               |
| City  | State              | Zip Code (Plu    | s 4)    |        |       |      |            |                    |
| Employer Name                                       |                    | •                |         | Occupa | tion  |      | •          |                    |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City             |         |        | State |      | Zip Coo    | de (Plus 4)        |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page      | Section | on 3.  |       |      | \$         | PAGE TOTAL<br>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 | lame of Filing Committee or Candidate |                 |         | Reporting Period |     |      |    |            |      |
|-----------------------------|---------------------------------------|-----------------|---------|------------------|-----|------|----|------------|------|
|                             |                                       |                 | From:   |                  |     | To:  |    |            |      |
|                             |                                       |                 |         | D                | ATE |      |    | AMOUNT     |      |
| Full Name                   |                                       |                 |         | мо               | DAY | YEAR |    |            |      |
| Mailing Address             |                                       |                 |         |                  |     |      | \$ |            | 0.00 |
| City                        | State                                 | Zip Code (      | Plus 4) |                  |     |      |    |            |      |
| Receipt Description         |                                       | •               |         | •                |     |      |    |            |      |
| Enter Grand Total of Part E | on Schedule T. Detailer               | d Summary Page  | Section | 4                |     |      |    | PAGE TOTAL |      |
| Enter Grand Total of Fait E | on senedare 1, Betanet                | a Summary rage, | Section |                  |     |      | \$ | 0.0        | 0    |

#### **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>10/23/2018</u> <b>To:</b> | 11/26/2018 |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                |                              |            |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)      | \$                           | 0.00       |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate |                      |                       | Reporting Period |               |      |           |            |
|---------------------------------------|----------------------|-----------------------|------------------|---------------|------|-----------|------------|
| F                                     |                      |                       | From:            | From: T       |      |           |            |
|                                       |                      |                       |                  | 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      | те Г |           | PAGE TOTAL |
| Section 2.                            | ciicadic 11, 111 Kii | ia contributions beta | nea Sam          | iiiiai y i aş | ,    |           | PAGE TOTAL |
|                                       |                      |                       |                  |               |      | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |           |     |                  | Re     | porting P | Period    |        |                    |                |
|---|-----------|-----|------------------|--------|-----------|-----------|--------|--------------------|----------------|
|   |           |     |                  | Fro    | om:       |           | То:    |                    |                |
|   |           |     |                  |        |           | DATE      |        |                    | AMOUNT         |
| Full Name of Contributor  |           |     |                  |        | мо        | DAY       | YEAR   |                    |                |
| Mailing Address   |           |     |                  |        |           |           | \$     | 0.00               |                |
| City  | State     |     | Zip Code(Plus 4) |        |           |           |        |                    |                |
| Employer of Contributor   |           |     |                  | Occupa | tion      |           |        |                    |                |
| Employer Mailing Address/Principal Plac<br>Business   | ce of Cit | ity | State            |        | Zip<br>4) | Code(Plus | Descri | ption o            | f Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |           |     |                  |        |           |           |        | PAGE TOTAL<br>0.00 |                |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate    |                        |                    | Reporti                           | Reporting Period                         |                   |                  |        |        |
|--|------------------------|--------------------|-----------------------------------|--|-------------------|------------------|--------|--------|
| INDIANA CO DEM COM                       |                        |                    | From                              | 10/23                                    | То:               | 11/26/2018       |        |        |
|  |                        |                    |                                   |  | DATE              |                  |        | AMOUNT |
| <b>To Whom Paid</b><br>Virginia Perdue   |                        |                    |                                   | МО                                       | DAY               | YEAR             |        |        |
| Mailing Address                          | 331 North Taylor Av    | renue              |                                   | 10                                       | 24                | 2018             | \$     | 54.06  |
| <b>City</b> Indiana                      |                        | State              | Zip Code (Plus 4)                 | Descrip                                  | l<br>otion of Exp | enditure         |        |        |
|  |                        | PA                 | 15701                             | copies                                   |                   |                  |        |        |
| <b>To Whom Paid</b> Gazette Printers     |                        |                    |                                   | мо                                       | DAY               | YEAR             |        |        |
| Mailing Address                          | 775 Indian Springs     | Road               |                                   | 10                                       | 24                | 2018             | \$     | 474.52 |
| <b>City</b> Indiana                      |                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15701 | Description of Expenditure program books |                   |                  |        |        |
| <b>To Whom Paid</b><br>Renda Broadcastin | g                      | 1                  |                                   | МО                                       | DAY               | YEAR             |        |        |
| Mailing Address 840 Philadelphia Street  |                        |                    | 10                                | 24                                       | 2018              | \$               | 501.00 |        |
| <b>City</b> Indiana                      |                        | State              | Zip Code (Plus 4)                 | Descrip                                  | tion of Exp       | enditure         |        |        |
|  |                        | PA                 | 15701                             | radio a                                  | ds                |                  |        |        |
| <b>To Whom Paid</b><br>Renda Broadcastin | g                      |                    |                                   | мо                                       | DAY               | YEAR             |        |        |
| Mailing Address                          | 840 Philadelphia Str   | reet               |                                   | 10                                       | 24                | 2018             | \$     | 300.00 |
| <b>City</b> Indiana                      |                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15701 | Description of Expenditure debate        |                   |                  |        |        |
|  |                        |                    |                                   |  |                   |                  |        |        |
| <b>To Whom Paid</b> Forever Broadcasti   | ing                    |                    |                                   | мо                                       | DAY               | YEAR             |        |        |
|  | ing<br>109 Plaza Drive |                    |                                   | <b>MO</b>                                | <b>DAY</b> 25     | <b>YEAR</b> 2018 | \$     | 500.00 |

15905

radio ads

PA

| To Whom Paid Penelec  |                        |                                   | мо                     | DAY                                    | YEAR     |            |          |
|---|------------------------|-----------------------------------|------------------------|--|----------|------------|----------|
| Mailing Address PO Box 3687   |                        |                                   | 10                     | 29                                     | 2018     | \$         | 67.83    |
| City         Akron         State         Zip Code (Plus 4)           OH         44309 |                        |                                   |                        | Description of Expenditure electricity |          |            |          |
| To Whom Paid<br>Flo's Floral and Gift Shop  |                        |                                   | МО                     | DAY                                    | YEAR     |            |          |
| Mailing Address 3289 Rte 119 Hwy South  |                        |                                   | 11                     | 14                                     | 2018     | \$         | 31.80    |
| City Homer City   | <b>State</b><br>PA     | <b>Zip Code (Plus 4)</b><br>15748 | <b>Descrip</b> flowers | otion of Exp                           | enditure |            |          |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.               |                        |                                   |                        |  |          | PAGE TOTAL |          |
| Linter Grand Total of Expen   | iditules on Page 1, Re | port cover Page, Item D           | •                      |  |          | \$         | 1,929.21 |