

Campaign Finance Report

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

Filer Identification Number : 8000650		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: INDIANA CO DEM COM										
Street Address: PO BOX 315										
City: INDIANA				State: PA		Zip Code: 15701-0000				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2019	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	26	2019		12	31	2019		
A. Amount Brought Forward From Last Report					\$ 6,020.46					
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 215.55					
C. Total Funds Available (Sum Of Lines A and B)					\$ 6,236.01					
D. Total Expenditures (From Schedule III)					\$ 200.00					
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 6,036.01					
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
INDIANA CO DEM COM	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

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)	\$ 0.00
All Other Contributions (Part B)	\$ 215.55
TOTAL for the Reporting Period (2)	\$ 215.55

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 215.55
---	-----------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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 Candidate INDIANA CO DEM COM				Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>			
				DATE		AMOUNT	

Full Name of Contributor Denise Jennings-Doyle				MO	DAY	YEAR	\$ 10.00
Mailing Address 287 Walnut Street				12	12	2019	
City Blairsville	State PA	Zip Code (Plus 4) 15717					

Full Name of Contributor Angela Whited				MO	DAY	YEAR	\$ 10.00
Mailing Address 200 Church Avenue				12	12	2019	
City Indiana	State PA	Zip Code (Plus 4) 15701					

Full Name of Contributor Wilbur Delatine				MO	DAY	YEAR	\$ 5.55
Mailing Address 415 Marshall Hgts Road				12	12	2019	
City Blairsville	State PA	Zip Code (Plus 4) 15717					

Full Name of Contributor Donna DonGiovanni				MO	DAY	YEAR	\$ 10.00
Mailing Address 2597 Evergreen Drive				12	13	2019	
City Indiana	State PA	Zip Code (Plus 4) 15701					

Full Name of Contributor Virginia Perdue				MO	DAY	YEAR	\$ 5.00
Mailing Address 331 N Taylor Avenue				12	16	2019	
City Indiana	State PA	Zip Code (Plus 4) 15701					

Full Name of Contributor			MO	DAY	YEAR	\$10.00
Hilliary Creely						
Mailing Address			12	16	2019	
135 S 5th Street						
City	Indiana	State				
		PA				
		Zip Code (Plus 4)				
		15701				

Full Name of Contributor			MO	DAY	YEAR	\$	5.00
Tyler Schurr							
Mailing Address							
345 Washington Church Road							
City	State	Zip Code (Plus 4)	12	16	2019		
Home	PA	15747					

Full Name of Contributor			MO	DAY	YEAR	\$75.00
Anna Goldman						
Mailing Address			12	17	2019	
2289 N Ridge Road						
City	Shelocta	State				
		PA				
		Zip Code (Plus 4)				
		15774				

Full Name of Contributor				MO	DAY	YEAR	\$25.00
Joseph Trimarchi							
Mailing Address				12	24	2019	
725 Oak Street							
City	Indiana	State	PA	Zip Code (Plus 4)	15701		

Full Name of Contributor				MO	DAY	YEAR	\$50.00
Barbara Peace							
Mailing Address				12	24	2019	
1795 Barkley Road							
City	Clarksburg	State	Zip Code (Plus 4)				
		PA	15725				

Full Name of Contributor			MO	DAY	YEAR	\$ 10.00
Ann Rea						
Mailing Address			12	28	2019	
528 Chestnut Street						
City	Indiana	State				
		PA				
		Zip Code (Plus 4)				
		15701				

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

PAGE TOTAL

\$ 215.55

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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: <u>11/26/2019</u> To: <u>12/31/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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 From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
INDIANA CO DEM COM	From <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
VRB Associates				
Mailing Address 541 Philadelphia Street	12	27	2019	\$ 200.00
City Indiana	State PA	Zip Code (Plus 4) 15701	Description of Expenditure office rent	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 200.00

