

# 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	<input checked="" type="checkbox"/> No	
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2022	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	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY
		6	7	2022			9	19	2022	
A. Amount Brought Forward From Last Report				\$		11,080.67				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		13,253.90				
C. Total Funds Available (Sum Of Lines A and B)				\$		24,334.57				
D. Total Expenditures (From Schedule III)				\$		2,443.89				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		21,890.68				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		179.66				
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
INDIANA CO DEM COM	From: <u>6/7/2022</u> To: <u>9/19/2022</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 9,058.90

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 530.00
<b>All Other Contributions (Part B)</b>	\$ 2,085.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,615.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 1,580.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,580.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 13,253.90
---	--------------

# 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.**

<b>Name of Filing Committee or Candidate</b>  INDIANA CO DEM COM	<b>Reporting Period</b>  From: <u>6/7/2022</u> To: <u>9/19/2022</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> LOCAL 66 PAC CLUB IUOOE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 230.00
<b>Mailing Address</b> 111 ZETA DRIVE			9	25	2022	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152382811				

<b>Full Name of Contributing Committee</b> PA DEMOCRATIC PARTY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> FRONT STREET HARRISBURG PA			8	5	2022	
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				

<b>Full Name of Contributing Committee</b> PA DEMOCRATIC PARTY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> FRONT STREET HARRISBURG PA			9	6	2022	
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				

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

<b>PAGE TOTAL</b>
\$ 530.00

**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
INDIANA CO DEM COM	From: <u>6/7/2022</u> To: <u>9/19/2022</u>

<b>DATE</b>	<b>AMOUNT</b>
-------------	---------------

Full Name of Contributor ANNA GOLDMAN			MO	DAY	YEAR	\$ 75.00
Mailing Address      SHELOCTA PA			9	21	2022	
City	State	Zip Code (Plus 4)				

Full Name of Contributor			MO	DAY	YEAR	\$	75.00
ANNA GOLDMAN							
Mailing Address			7	7	2022		
SHELOCTA PA							
City	State	Zip Code (Plus 4)					

Full Name of Contributor						MO	DAY	YEAR	\$ 100.00	
MARTI PATTI										
Mailing Address PHILADELPHIA STREET						9	13	2022		
City INDIANA		State PA		Zip Code (Plus 4) 15701						

Full Name of Contributor IRENE TABISH						MO	DAY	YEAR	\$ 130.00	
Mailing Address 49 TOWNVIEW DRIVE						9	18	2022		
City INDIANA		State PA		Zip Code (Plus 4) 15701						

Full Name of Contributor IRENE TABISH			MO	DAY	YEAR	\$ 100.00
Mailing Address 49 TOWNVIEW DRIVE			8	12	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor PAUL SWARTZ			MO	DAY	YEAR	\$ 60.00
Mailing Address 207 WHITETAIL DRIVE			8	4	2022	
City BOLIVAR	State PA	Zip Code (Plus 4) 15923				

Full Name of Contributor WILLAIM SMITH			MO	DAY	YEAR	\$ 80.00
Mailing Address 201 ST. ANDREW'S COURT			9	12	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor DONNA DONGIOVANNI			MO	DAY	YEAR	\$ 80.00
Mailing Address 2597 EVERGREEN DRIVE						
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor DONNA DONGIOVANNI			MO	DAY	YEAR	\$ 105.00
Mailing Address 2597 EVERGREEN DRIVE			9	3	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor DENISE DRAGICH			MO	DAY	YEAR	\$ 150.00
Mailing Address 449 SO. 3RD STREET			9	14	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor ROBERT GENDRON			MO	DAY	YEAR	\$ 100.00
Mailing Address 380 ABBEY ROAD			9	17	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor JULIEANN KNOX			MO	DAY	YEAR	\$ 100.00
Mailing Address 336 GEORGETOWN VILLAGE			8	2	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor ZOE RITCHIE			MO	DAY	YEAR	\$ 95.00
Mailing Address 910 NORTH CREEK ROAD			7	31	2022	
City SMICKSBURG	State PA	Zip Code (Plus 4) 16256				

Full Name of Contributor THEDA RAY			MO	DAY	YEAR	\$ 60.00
Mailing Address 1040 HICKORY LANE			7	28	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor JANICE DEMBOSKY			MO	DAY	YEAR	\$ 100.00
Mailing Address 115 SADDLEBROOK DRIVE			9	20	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor JANICE DEMBOSKY			MO	DAY	YEAR	\$ 80.00
Mailing Address 115 SADDLEBROOK DRIVE			7	26	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor RONALD AIRHART			MO	DAY	YEAR	\$ 105.00
Mailing Address 209 CROWN HEIGHTS DRIVE			9	19	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor MARTHA BUCKLEY			MO	DAY	YEAR	\$ 80.00
Mailing Address 1317 PINE VALE ROAD			9	22	2022	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759				
Full Name of Contributor KARL KALOKOSKI			MO	DAY	YEAR	\$ 105.00
Mailing Address 30 FILBERT AVENUE			9	22	2022	
City HOMER CITY	State PA	Zip Code (Plus 4) 15748				
Full Name of Contributor SHERENE HESS			MO	DAY	YEAR	\$ 190.00
Mailing Address 435 SOUTH 6TH STREET			9	23	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				
Full Name of Contributor SHERENE HESS			MO	DAY	YEAR	\$ 40.00
Mailing Address 435 SOUTH 6TH STREET			7	26	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				
Full Name of Contributor JOSEPH E. TRIMARCHI			MO	DAY	YEAR	\$ 25.00
Mailing Address 725 OAK STREET			9	9	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				
Full Name of Contributor JOSEPH E. TRIMARCHI			MO	DAY	YEAR	\$ 25.00
Mailing Address 725 OAK STREET			8	5	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701				

Full Name of Contributor			MO	DAY	YEAR	\$25.00
JOSEPH E. TRIMARCHI						
Mailing Address725 OAK STREET			7	7	2022	
CityINDIANA	StatePA	Zip Code (Plus 4)15701				

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

<b>PAGE TOTAL</b>
\$ 2,085.00



## 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:	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  INDIANA CO DEM COM	<b>Reporting Period</b>  <b>From:</b> <u>6/7/2022</u> <b>To:</b> <u>9/19/2022</u>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
FAYE BRADWICK							
Mailing Address 643 WILLOW AVENUE				8	31	2022	\$ 100.00
City INDIANA	State PA	Zip Code (Plus 4) 15701					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City		State	Zip Code (Plus 4)	

				MO	DAY	YEAR	
Full Name of Contributor FAYE BRADWICK							
Mailing Address 643 WILLOW AVENUE				7	31	2022	\$ 100.00
City INDIANA	State PA	Zip Code (Plus 4) 15701					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City		State	Zip Code (Plus 4)	

				MO	DAY	YEAR	
Full Name of Contributor FAYE BRADWICK							
Mailing Address 643 WILLOW AVENUE				6	30	2022	\$ 100.00
City INDIANA	State PA	Zip Code (Plus 4) 15701					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City		State	Zip Code (Plus 4)	

<b>Full Name of Contributor</b> KRISTIN KRATSA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 280.00
<b>Mailing Address</b> 683 OAK STREET			8	3	2022	
<b>City</b> INDIANA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701				
<b>Employer Name</b> EFFECTIVELY AFFECTIVE COUNSELLING, LLC			<b>Occupation</b> LPC			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

<b>Full Name of Contributor</b> ROBERT STEWART			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1425 BROADWAY 479			9	12	2022	
<b>City</b> SEATTLE	<b>State</b> WA	<b>Zip Code (Plus 4)</b> 98122				
<b>Employer Name</b> N/A			<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b> N/A		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

<b>Full Name of Contributor</b> ROBERT STEWART			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1425 BROADWAY 479			8	12	2022	
<b>City</b> SEATTLE	<b>State</b> WA	<b>Zip Code (Plus 4)</b> 98122				
<b>Employer Name</b> N/A			<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b> N/A		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 1,580.00

## 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: <span style="float: right;">To:</span>
---------------------------------------	--

				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
INDIANA CO DEM COM		From: <u>6/7/2022</u> To: <u>9/19/2022</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 78.96
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 100.70
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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.)			\$ 179.66

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>  INDIANA CO DEM COM	<b>Reporting Period</b>  <b>From:</b> <u>6/7/2022</u> <b>To:</b> <u>9/19/2022</u>
--	---

				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
ERIC BARKER VIA INDIANA VIE						
Mailing Address 662 CHESTNUT STREET				9	6	2022
City INDIANA	State PA	Zip Code (Plus 4) 15701				
<b>Description of Contribution:</b> PRINTER PART, LABOR, TAX						
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>						<b>PAGE TOTAL</b>  \$ 100.70

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
INDIANA CO DEM COM	From <u>6/7/2022</u> To: <u>9/19/2022</u>

				DATE		AMOUNT	
To Whom Paid INDIANA COUNTY PARKS AND TRAILS				MO	DAY	YEAR	\$ 150.00
Mailing Address 1128 BLUE SPRUCE ROAD				7	27	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure SUMMER PICNIC PAVILION RENTAL				
To Whom Paid ZOOM, INC.				MO	DAY	YEAR	\$ 158.89
Mailing Address				7	13	2022	
City	State CA	Zip Code (Plus 4)	Description of Expenditure ON-LINE VIRTUAL MEETING PLATFORM (ANNUAL CHARGE)				
To Whom Paid A FAMILY AFFAIR CATERING				MO	DAY	YEAR	\$ 1,170.00
Mailing Address 886 BEN FRANKLIN ROAD NORTH				8	5	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure CATERING FOOD FOR SUMMER PICNIC				
To Whom Paid HOMER CITY AREA BUSINESS ASSOCIATION				MO	DAY	YEAR	\$ 50.00
Mailing Address 31 BRYAN STREET				8	15	2022	
City HOMER CITY	State PA	Zip Code (Plus 4) 15748	Description of Expenditure BOOTH AT HOODLEBURG FESTIVAL				
To Whom Paid INDIANA COUNTY FAIR ASSOCIATION				MO	DAY	YEAR	\$ 410.00
Mailing Address NEAL ROAD				8	20	2022	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure BOOTH AT COUNTY FAIR				



<b>To Whom Paid</b> COOKPORT/GREEN TOWNSHIP FAIR ASSOCIATION			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 130.00
<b>Mailing Address</b>			9	6	2022	
<b>City</b> COOKPORT	<b>State</b> PA	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> BOOTH AT GREEN TWP. FAIR			

  

<b>To Whom Paid</b> JIM DAUGHERTY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b>			9	6	2022	
<b>City</b> INDIANA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> DEM. BOOTH AT NAFF			

  

<b>To Whom Paid</b> RUSTIC LODGE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 325.00
<b>Mailing Address</b> OAKLAND AVENUE			9	6	2022	
<b>City</b> INDIANA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> VENUE FOR FALL BANQUET			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 2,443.89

