Campaign Finance Report

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

Filer Identificat	ion 8000	650			Repo Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Candida	ate or L	obbyist:		INDIA	NA CC	DEM CC	M							-	
Street Address:	PO BOX 315															
City:	INDIANA						State: PA Z					Zip Code: 15701				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY 1ARY	POST-	POST- 3.			1ENT ?	Yes	No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	POST-	6. X	C	TERMIN REPORT		Yes	No	· 🗸	
report type)	ANNUAL REPORT	7.	Year 2000	D			ING METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candidat	te:					DATE	OF EL	ECTI	ON	District Number	Office Code	Par	ty Code	County	
	,						мо	DAY	Y	/EAR	Number	code			code	
		1	1	7	2000		(SEE INS	TRUCTI	ONS FOR	CODES)						
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	۲	/EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		1	1	1 .	то	1	1	27	2000						
A. Amount Bro	ught Forward Fron	n Last R	eport			9	\$		3	,533.30						
B. Total Monet	ary Contributions	And Rec	eipts (Fro	m Sche	dule I)		\$		1,	,236.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		4	,769.30						
D. Total Expen	ditures (From Sche	edule II	I)				\$		1,	,348.26						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$		3,	421.04						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	Schedu	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$			0.00						
				AFF	IDAV	IT S	ECTION									
PART I - If this i	s a Committee repo	ort, trea	surer sign	here.	If this i	is a Ca	ndidate	r <mark>eport</mark> ,	cand	idate sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached s	chedules	s filed o	n pape	r or by elec	tronic ı	nediur	n, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	5	20							Signature	e of Perso	n Submitt	ing Rep	oort		
	Signatu	re	_			_					Prir	ted Name				
My Commission E	-										Ema	il				
	мо	D	AY	YR				A	rea Co	ode	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	d Comn	nittee,	Candi	date shal	l sign	nere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and be	lief this	politica	l com	nittee has	not vio	ated a	iny provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subso	cribed before me this		20							s	ignature	of Candida	ite			
	day of										Printe	ed Name				
	Signature					_										
My Commission Exp	pires										Ema	ul				
	мо	D	AY	YR	1	_		Are	a Code	•	D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** INDIANA CO DEM COM From: To: 11/27/2000 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 236.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 1,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,236.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				porting	Period			
From				om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

\$

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Froi	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				J Period				
INDIANA CO DEM COM						То:	<u>11</u>	1 <u>/27/2000</u>
				DA	TE		Δ	MOUNT
Full Name of Contributing Comn REP TIM PESCI	nittee			мо	DAY	YEAR		
Mailing Address 598 FRANKL	IN STREET						\$	1,000.00
City FREEPORT	State PA	Zip Cod 16229	e (Plus 4)	11	24	2000		
Enter Grand Total of Part C o	n Schedule I, Detail	ed Summary P	age, Sectio	n 3.	-		\$	PAGE TOTAL 1,000.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Perio	od				
Fron					From: To:				
				D	ATE			AMOUNT	Ī
Full Name				мо	DAY	YEAR			
Mailing Address							4	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	le T. Detailed Summ	nary Page	Section	Д				PAGE TO	TAL
		iiai y i uge,	Section				\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
INDIANA CO DEM COM	From:	То:	<u>11/27/2000</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	g Period				
Fr				From: To:				
				DATE		AMOU	INT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE 1	TOTAL	
					4	i	0.00	

0.00

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sch	nedule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate			Reporti	ng Period					
INDIANA CO DEM COM				From			То:	<u>11/27/2000</u>		
					DATE			AMOUNT		
To Whom Paid INDIANA POSTMASTER				мо	DAY	YEAR				
Mailing Address 7TH STREET				10	26	2000	\$	59.51		
City INDIANA	State PA	Zip Code (1 15701	Plus 4)		Description of Expenditure POSTAGE					
To Whom Paid WDAD RADIO				мо	DAY	YEAR				
Mailing Address 21 N FIFTH STI	REET			11	3	2000	\$	192.00		
CityINDIANAStateZip Code (Plus 4)PA15701				Description of Expenditure RADIO ADS						
To Whom Paid HELEN HUFF				мо	DAY	YEAR				
Mailing Address 398 S 3RD STR	REET			10	27	2000	\$	66.36		
City INDIANA	State PA	Zip Code (F 15701	Plus 4)		tion of Exp SUPPLIES			ER INK COST		
To Whom Paid DOMINION PEOPLES				мо	DAY	YEAR				
Mailing Address P O BOX 79050)			10	27	2000	\$	27.05		
City BALTIMORE	State MA	Zip Code (F 21279005			Stion of Exp					
To Whom Paid ANGELO SGRO				мо	DAY	YEAR				
Mailing Address 791 PHILADELF	Mailing Address 791 PHILADELPHIA STREET			11	1	2000	\$	370.00		
City INDIANA	State PA	Zip Code (F 15701	Plus 4)		ition of Exp IEADQUAR		- 			

To Whom Paid WCCS RADIO				DAY	YEAR			
Mailing Address RD 2				3	2000	\$	330.00	
City HOMER CITY	State PA	Zip Code (Plus 4) 15748	Descrip RADIO		n of Expenditure			
To Whom Paid NBOC				DAY	YEAR			
Mailing Address 601 PHILADELPHIA STREET				31	2000	\$	6.78	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure ANALYSIS FEE					
To Whom Paid HELEN HUFF				DAY	YEAR			
Mailing Address 398 S 3RD STREET			11	10	2000	\$	35.00	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure FOOD ELECTION NIGHT					
To Whom Paid KEN WATKINS								
			мо	DAY	YEAR			
	T ST		MO	DAY 10	YEAR 2000	\$	15.00	
KEN WATKINS	ST ST State PA	Zip Code (Plus 4) 15701	11 Descrip		2000 penditure			
KEN WATKINS Mailing Address 224 LOCUS	State		11 Descrip	10 otion of Exp	2000 penditure			
KEN WATKINS Mailing Address 224 LOCUS City INDIANA To Whom Paid	State PA		11 Descrip PARKIN	10 Ption of Exp	2000 penditure S ELECTIO			
KEN WATKINS Mailing Address 224 LOCUS City INDIANA To Whom Paid DELL JEAN MANNING Mailing Address	State PA		11 Descrip PARKIN MO 11 Descrip	10 btion of Exp IG METERS DAY	2000 Denditure SELECTIO YEAR 2000 Denditure	DN NIGHT		
KEN WATKINS Mailing Address 224 LOCUS City INDIANA To Whom Paid DELL JEAN MANNING Mailing Address 809 BRITTA	State PA ANY LANE State	15701 Zip Code (Plus 4)	11 Descrip PARKIN MO 11 Descrip	10 htion of Exp IG METERS DAY 10 htion of Exp	2000 Denditure SELECTIO YEAR 2000 Denditure	DN NIGHT		
KEN WATKINS Mailing Address 224 LOCUS City INDIANA To Whom Paid DELL JEAN MANNING Mailing Address 809 BRITTA City PENN RUN To Whom Paid JOHN ASTOLUS	State PA ANY LANE State	15701 Zip Code (Plus 4)	11 Descrip PARKIN MO 11 Descrip FOOD B	10 bition of Exp IG METERS DAY 10 bition of Exp ELECTION	2000 Denditure DELECTIO YEAR 2000 Denditure NIGHT	DN NIGHT		

To Whom Paid VERIZON				DAY	YEAR		
Mailing Address P O BOX 28000			11	15	2000	\$	41.68
City LEHEIGH VLY	State PA	Zip Code (Plus 4) 15701	Description of Expenditure PHONE HEADQUARTERS				
To Whom Paid GPU			мо	DAY	YEAR		
Mailing Address P O BOX 15152			11	15	2000	\$	40.73
City READING	State PA	Zip Code (Plus 4) 196125152	Description of Expenditure ELECTRIC HEADQUARTERS				
To Whom Paid CONEY ISLAND				DAY	YEAR		
Mailing Address 1642 PHILADELPHIA STREET			11	15	2000	\$	55.62
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure FOOD ELECTION NIGHT				
To Whom Paid AT&T				DAY	YEAR		
Mailing Address			11	15	2000	\$	11.62
City	State	Zip Code (Plus 4)	Description of Expenditure LONG DISTANCE PHONE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
			-			\$	1,348.26