Campaign Finance Report

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

Filer Identificati Number :	on 8000	0650				port ed B		CANDI	COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	date or L	obbyist:	•	IND:	IAN	A CO	DEM CO	ч								
Street Address:	PO BOX 315																
City:	INDIANA							State:	PA			Zip Cod	ie: 1!	5701			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	٧	
report type)	ANNUAL REPORT	7. X	Year 2008				FILING METHOD () CHECK ONE					PAPER DISKETTE				TTE	
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,
								МО	DAY	YE	AR		10000				
								11		4	2008		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	800	Т	0	12	:	31	2008						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8,7	764.70						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 8,764.70																	
D. Total Expenditures (From Schedule III) \$ 865.08																	
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			7,8	99.62]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligations	s (From S	Schedule IV)				\$				0.00			•			
			ı	AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e 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	ef , true	3
Sworn to and subs	cribed before me the day of	is	20							S	ignature	of Perso	n Submit	ting Rep	oort		
	Signate	ıre					- -					Prin	ted Nam	e			-
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	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) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333,	ı
Sworn to and subsc	ribed before me this day of	:	20								Si	ignature o	of Candid	ate			•
							-					Printe	d Name				.
My Commission Exp	Signature						-					Ema	il				
,							_										
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	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:	1/1/200	<u>8</u> To:	12/31/2008
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
TOTAL for the Reporting	j Period	(2)	\$	0.00
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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period				
			From: To			o:		
		I		DATE			AMOUNT	
Full Name of Contribut	ing Committee		МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL
\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			Rep	orting Pe	riod					
				Fror	n:		To	o:			
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$		0.00	
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)	
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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:	<u>1/1/2008</u> To:	12/31/2008
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	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

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

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing C	Committee or Candida	ite		Reporti	ng Period				
INDIANA CO DE	:М СОМ			From	<u>1/:</u>	1/2008	То:	12/31/2008	
					DATE			AMOUNT	
To Whom Paid FUN PARTY STOP	RES			мо	DAY	YEAR			
Mailing Address	EASTGATE SHOPE	PING CENTER		12	23	2008	\$	16.94	
City GREENSE	3URG	State PA	Zip Code (Plus 4) 15601		otion of Exp			TONS	
To Whom Paid PAT CATAN'S CR	AFT CENTER			МО	DAY	YEAR			
Mailing Address	5070 WILLIAM PE	ENN HWY		12	23	2008	\$	103.16	
City MONROEVILLE State PA 15146					Description of Expenditure SUPPLIES FOR BANQUET DECORATIONS				
To Whom Paid EQUITY PROPERTY INVESTORS			МО	DAY	YEAR				
Mailing Address	234 ANN CIRCLE			12	23	2008	\$	658.26	
City INDIANA		State PA	Zip Code (Plus 4) 15701	Description of Expenditure UTILITIES					
To Whom Paid VERIZON		•	-	МО	DAY	YEAR			
Mailing Address	PO BOX 660748			12	23	2008	\$	68.11	
City DALLAS		State TX	Zip Code (Plus 4) 75266	Description of Expenditure TELEPHONE					
To Whom Paid VERIZON		·	•	МО	DAY	YEAR			
Mailing Address PO BOX 660748			12	23	2008	\$	18.61		
City DALLAS		State TX	Zip Code (Plus 4) 75266	Descrip TELEPH	otion of Exp	penditure	2		
			<u> </u>					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item [).			\$	865.08	