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	650			Repo Filed		CA	MDI	DATE		COM	AITTEE	Y	LUB	D1131	
Name of Filing C	Committee, Candid	ate or L	obbyist:		INDIA	n co i	DEM C	ОМ	•							
Street Address:	PO BOX 315															
City:	INDIANA						State	e:	PA			Zip Co	de: 15	701		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2.	30 D PRIM		F	POST-	3.		AMENDN REPORT	ENDMENT PORT?		No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY TION	F	POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2009				NG MI					PAPER		W	DISKE	TTE
Name of Office S	Sought by Candida	te:	•		•		DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YE	AR		•	•		
								11		3	2009		(SEE IN	STRUCT	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	s from:		1 1	20	009	TO		3	3	30	2009					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$;			7,9	900.22					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	9	5				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			7,9	00.22					
D. Total Expend	ditures (From Scho	edule II	I)			\$	5			4	30.87					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		4	5			7,4	69.35					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	9	5				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	5				0.00			•		
				AFF	IDAV	IT SE	CTI	NC								
	s a Committee rep	*	_								_					
I swear (or affirm)) that this report, incl ete.	uding the	e attached sc	hedules	filed o	n paper	or by	elect	ronic me	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true
Sworn to and subs	cribed before me this day of		20							s	ignature	of Perso	n Submit	ting Re	port	
	Signatu	ro.	_			_						Prin	ted Name	e		
My Commission Ex	_	. •										Ema	il			
	мо	D	AY	YR					Are	a Cod	e	Daytin	ie Teleph	none Nu	ımber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee,	Candid	late s	hall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ief this	politica	l comn	nittee l	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this		20								s	ignature	of Candid	ate		
												Printe	ed Name			
My Commission Exp	Signature pires					_						Ema	il			
		D	AY	YR		_			Area	Code		D	aytime T	elepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
INDIAN CO DEM COM	From:	1/1/200	<u>19</u> To:	3/30/2009
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	g 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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Filing Committee or 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	ne of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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.)

me of Filing Committee or Candidate			Reporting Period					
			Fror	n:		To):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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 Can	didate		Report	ting Perio	od			
			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 S	Schedule I Detailer	d Summary Page	Section	4		[P	PAGE TOTAL
zne. Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	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		
INDIAN CO DEM COM	From:	<u>1/1/2009</u> To:	<u>3/30/2009</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	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 Candid	ate		Reporting 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 Sun	ımary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Reporting Period						
					Fro	m:		То	:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporti				
INDIAN CO DEM COM				<u>1/:</u>	1/2009	То:	3/30/2009
				DATE			AMOUNT
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 660748			1	22	2009	\$	18.01
City DALLAS	State	Zip Code (Plus 4)	4) Description of Expenditure				

75266

TELEPHONE

TX

		.,,	7.0200					
To Whom Paid VERIZON				мо	DAY	YEAR		
Mailing Address	PO BOX 660748			2	21	2009	\$	54.26
City DALLAS		State TX	Description of Expenditure TELEPHONE					
To Whom Paid VERIZON				МО	DAY	YEAR		
Mailing Address	PO BOX 660748			2	21	2009	\$	18.01
City DALLAS		State TX	Zip Code (Plus 4) 75266	Descrip TELEPH	otion of Exp	penditure		
To Whom Paid VERIZON				МО	DAY	YEAR		
Mailing Address	PO BOX 660748			1	22	2009	\$	55.40

l			1				
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		3	25	2009	\$	30.78	
City DALLAS	State	Zip Code (Plus 4)	Description of Expenditure				
	TX	75266	TELEPHONE				

							PAGL 12
To Whom Paid U.S. POSTAL SERVICE				DAY	YEAR		
Mailing Address 47 S 7TH ST			2	4	2009	\$	7.56
City INDIANA	State	Zip Code (Plus 4)	Descri	otion of Exp	penditure		
	PA	15701	STAMP	S			
To Whom Paid U.S. POSTAL SERVICE			МО	DAY	YEAR		
Mailing Address 47 S 7TH ST			2	21	2009	\$	42.00
City INDIANA	State	Zip Code (Plus 4)	Descri	tion of Exp	l penditure		
	PA	15701	STAMPS				
To Whom Paid HOMER CITY BILO			МО	DAY	YEAR		
Mailing Address 125 W ELM S	Т		2	21	2009	\$	19.96
City HOMER CITY	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure	l	
	PA	15748	DONUTS FOR MEETING				
To Whom Paid HOMER CITY AMERICAN LEAGUE 493			МО	DAY	YEAR		
Mailing Address BOX 79 MULLEN AVE			2	21	2009	\$	100.00
City HOMER CITY	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15748	MEETING FACILITY RESERVATION				
To Whom Paid L&L INTERNET INC.			мо	DAY	YEAR		
Mailing Address 701 LEE RD., SUITE 300			2	21	2009	\$	23.94
City CHESTERBROOK	State	Zip Code (Plus 4)	Descri	tion of Exp	l penditure		
	PA	19087	WEBSITE				
To Whom Paid FLO'S FLORAL & GIFT SHOP	<u>'</u>		МО	DAY	YEAR		
Mailing Address 3289 RTE. HWY S			3	25	2009	\$	60.95
City HOMER CITY	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15748		AL FLOWE			
		-	•				PAGE TOTAL
Enter Grand Total of Expendit	cures on Page 1, Re	eport Cover Page, Item D	·-			\$	430.87