


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

 State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name VIGO COUNTY DEMOCRAT CENTRAL COMMITTEE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address 5. Salem Place	
5. City, State, ZIP Code Terre Haute, IN 47803	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or if Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence

TYPE OF REPORT
CONVENTION CANDIDATES ONLY

11. Check one: ☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other ☐ Final/Disbands Committee (lines 18, 19, and 20 must be 0) ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: ☐ Pre-Convention ☐ Post-Convention	
12. Reporting Period: From: 10-13-12 Through: 12-31-12		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		6.09	
14. Cash on hand and investments January 1, current year.			1140.27
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		450.00	2304.50
15b. Unitemized		40.00	40.00
15c. Add lines 15a and 15b in both columns SUBTOTAL		490.00	2344.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		496.09	3484.77
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		111.00	1289.18
17b. Unitemized		385.09	2193.59
17c. Add lines 17a and 17b in both columns SUBTOTAL		496.09	3482.77
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL		0	0
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>[Signature]</i>	Title Treasurer	Date 3-1-13
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

FILED

VIGO COUNTY SUPERIOR COURT

MAR 01 2013

David R. Crockett
CLERK

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-6) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. Harry S Truman Club 608 S Center St Terre Haute, IN 47807 Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	450.00	2302.50	J.K. Etling 11-1-12
2. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$450.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$450.00		


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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PAGE	COLUMN E CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Postmaster	Retail mailings	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	111.00	611.00	10-20-12
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$111.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$111.00		